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Running Head: PEACEBUILDER CONSTRUCTIONS OF TRAUMA, IDENTITY, PRACTICE

SENSE OF SENSELESSNESS:  
HOW PEACEBUILDERS DISCURSIVELY CONSTRUCT  
TRAUMA, IDENTITY, AND PEACEBUILDER BEST PRACTICES

by

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B.A., University of Colorado at Boulder, 1998

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PEACEBUILDER CONSTRUCTIONS OF TRAUMA, IDENTITY, PRACTICE

This thesis entitled:  
Sense of Senselessness:  
How Peacebuilders Discursively Construct  
Trauma, Identity, and Peacebuilder Best Practices  
written by Amy H. Thompson  
has been approved for the Department of Communication

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Robert T. Craig

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Timothy R. Kuhn

Date\_\_\_\_\_

The final copy of this thesis has been examined by the signatories, and we  
Find that both the content and the form meet acceptable presentation standards  
Of scholarly work in the above mentioned discipline.

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## PEACEBUILDER CONSTRUCTIONS OF TRAUMA, IDENTITY, PRACTICE

Thompson, Amy H. (Ph.D., Communication)

Sense of Senselessness: How Peacebuilders Discursively Construct

Trauma, Identity, and Peacebuilder Best Practices

Thesis directed by Professor Robert T. Craig

Peacebuilding is very difficult to perform. It places extreme and unusual demands upon its workers who must respond swiftly and sensitively while witnessing profound human suffering and violence. While many respond with dignity and grace in the face of unspeakable evil, they often do so enduring grave disruptions to their well-being for the sake of those they serve. Such disruptions-- commonly called *Trauma*, *Post Traumatic Stress Disorder*, or *Secondary Traumatization*-- may inhibit highly trained, highly experienced, and highly dedicated workers from functioning optimally. This study proposes that peacebuilders' communicative constructions of trauma and trauma-related entailments form a continuum of responses, which constitute and are constituted by three primary discourses of trauma—trauma as disease, trauma as test, and trauma as puzzle. This research shows how these discourses operate, and proposes how peacebuilders can engage more liberating, useful, satisfying, and generative “best” practices. By becoming aware of these discursive logics and learning to communicatively construct alternate realities from which to practice, practitioners become agents of change regardless of the discourses they choose to enact. This research extends communication scholars' understanding of language use as a method of change and transformation, when language includes talk and action.

# PEACEBUILDER CONSTRUCTIONS OF TRAUMA, IDENTITY, PRACTICE

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## CHAPTER I

### Introduction

At any given moment, individual citizens and groups in several nations are engaged in various forms of conflict, ranging from institutionalized persecution to violent armed battle. To counter the suffering and devastation caused by these conflicts, a variety of groups have formed to intervene, mitigate and facilitate both the advent of peace and the necessary healing and rebuilding which ensures that it will be lasting (i.e. the recurrence of conflict will be minimized).

According to the UN, three major types of organizations engage in “peacebuilding” activity: intergovernmental organizations, governmental organizations, and nongovernmental organizations (NGOs). In addition, research and academic institutes may play a role, and community members often engage various methods of conflict negotiation and mediation ([www.un.org/en/peacebuilding/pbso/pbun.shtml](http://www.un.org/en/peacebuilding/pbso/pbun.shtml)). While many peacebuilders are professionals working at the highest level of organizations providing humanitarian aid, development assistance or peacekeeping, many other self-identified workers engage at the grassroots level to address conflicts in local communities, prisons, jails, schools, and other institutions.

“Peacebuilding” thus describes a host of interventions by numerous actors in government and civil society, and that are designed to prevent the start of or return to violent conflict within a nation through the creation of a sustainable peace. While the exact definition of peacebuilding varies depending on the actor, the common goal they share is the creation of political and



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socioeconomic stability by attending to the root causes of violence through non-violent means ([www.allianceforpeacebuilding.org](http://www.allianceforpeacebuilding.org)).

Just as the definition of peacebuilding varies according to the perspective of the agent, so too the means of creating and sustaining durable peace. Some organizations see peacebuilding as confined to prevention of violent conflict, while others take a much broader view of peacebuilding as a process to be engaged before, during, and after periods of conflict (Barnett, M., Hunjoon K., O'Donnell, M., & Sitea, L., 2007). Whatever the case, the tasks of successful peacebuilding are complex and multi-faceted. According to the Nitze School of Advanced International Studies, successful peacebuilding initiatives must aim to: (1) create an environment supportive of self-sustaining, durable peace; (2) reconcile opponents; (3) prevent future conflict; (4) integrate of civil society; (5) create rule of law mechanisms, and (6) address underlying structural and societal issues. To accomplish this, peacebuilders must be active at many levels of society and state structure-- a process that requires “careful and participatory planning, coordination among various efforts, and sustained commitments by both local and donor partners” (<http://legacy2.sais-jhu.edu/cmtoolkit/approaches/peacebuilding/index.htm>).

Peacebuilding is very difficult to perform. This is not only because of the magnitude and complexity of coordinating such efforts, and the challenge of effectively addressing the root causes and consequences of conflict, but also because of the impacts for peacebuilders created by working in conflict zones with various effected individuals and groups from conflict regions on peacebuilders. Scholars across the disciplines and paradigms have tended to focus on different affected groups and have conceptualized these impacts in two primary ways. On the one hand,

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positivist researchers grounded in a materialist frame have investigated “secondary traumatic stress” and “PTSD” primarily in doctors, nurses and psychotherapists (Alexander & Atcheson, 1998; Carbonell & Figley, 1996; Collins & Long, 2003; Danieli, 1996; Hodgkinson & Stewart, 1991), though humanitarian aid workers have also been studied (Shah, Garland, & Katz, 2007). On the other hand, post-positivist scholars have investigated the impact of trauma on various conflict participants, such as former child soldiers (Goins, Winter, Sundin, Patient, & Aslan, 2012), teachers (Adwan & Bar-On, 2004), and bystander civilians (Ibrahim, 2013). While this research conceptualizes trauma as a narrative, some assumes narratives to be individual cognitions (and thus material), while others hold narratives as social and cultural constructions. In either case, research on peacebuilders’ constructions of trauma is not adequately represented. And there is as yet no research investigating this phenomenon from a purely symbolic perspective.

Whatever one’s paradigm, all agree that peacebuilding places extreme and unusual demands upon its workers who must often respond swiftly and sensitively while witnessing profound human suffering and violence, including both its commission and its aftermath. Most comport themselves with dignity and compassion in the face of unspeakable evil, enduring grave disruptions to their own well being in the form of sickness, disease, isolation, and bodily threat for the sake of those they serve. Such disruption may inhibit highly trained, highly experienced, and highly dedicated workers from functioning optimally. Documentation of this disruption may, in turn, discourage potential candidates from entering the field-- adding to the lack of available peacebuilder workforce in the face of overwhelming global demand.

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This study conceives of identity not as an inherent and abiding trait or characteristic of individuals but as a social and communicative construction. From a communicative perspective, identity refers to subjective meanings and experience that aim to address the questions, ‘Who am I?’ and—by implication—‘how should I act?’ (Cerulo, 1997). According to Kuhn (2006), identity is “the conception of the self reflexively and discursively understood by the self” (p. 1340). According to organizational communication scholars, “Identity has become a popular frame through which to investigate a wide array of phenomena. Organization scholars are increasingly concerned with organizational, managerial, professional and occupational identities, as well as how organizational members negotiate issues surrounding self in workplace settings” (Alvesson, Ashcraft, & Thomas, 2008, p. 5).

The ways that peacebuilders construct their world and their work create particular kinds of professional (and personal) identities for them. These identities are contingent upon the various discourses from which peacebuilders draw, “discursive resources” (Kuhn, 2006) circulating within organizational as well as other language, cultural, and practical communities in which peacebuilders form memberships. While discursive resources generate an array of conceptual and performative building blocks for reality construction, the particular discourses peacebuilders’ adopt also constrain identity (Foucault, 1977). As Hall (1997) notes, the subject (or self) of discourse, “must submit to its rules and conventions, to its dispositions of power/knowledge” (p. 79). The subject can “become the bearer of the kind of knowledge which discourse produces. It can become the object through which power is relayed. But it cannot stand outside power/knowledge as its source and author” (p. 80). Because peacebuilders are often involved in ongoing traumatic situations, they are likely to have many opportunities to

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construct trauma. How they do so has important ramifications for identity, situating trauma as a principal discursive resource through which peacebuilders construct their professional identities. Moreover, the identities or subject positions they enact alternatively produce and reproduce particular constructions of trauma.

The way people construct trauma and identity at work either empowers or encumbers their own agency in those settings. When peacebuilders, in particular, do not feel a sense of agency in relation to the overwhelming and disorienting events that surround them, victimization and traumatization may result. For this reason, this study looks at how peacebuilders communicatively construct identity in relation to trauma in order to see if their constructions of trauma shape identities that benefit or hinder them in their work.

While organizational communication scholars have studied how people construct identity in and through work, few have studied how workers communicatively construct identities surrounding *trauma*, how those constructions shape their constructions of identity, and to what end. Although it might be assumed that trauma-related work is similar to other types of work, trauma is widely understood by researchers, scholars, and practitioners across the natural and human sciences as distinct from “ordinary” human experience. “Traumatic events” notes Herman (1992), “are extraordinary, not because they occur rarely, but because they overwhelm the ordinary human adaptations to life.” (p. 33). This condition of overwhelm is fundamental to the construction of trauma, whether trauma is conceived of as an inherent characteristic of a given event, a social and cultural interpretation of that event, or solely a discursive construction.

In addition to the devastating impacts of direct exposure to trauma, scholars argue that working with trauma survivors—specifically, being exposed to their bodily wounds, shocking

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narratives, intrusive memories, frightening images, and strong chaotic affect—may result in workers contracting “secondary traumatic stress” (hereafter, STS) or “vicarious traumatization” (hereafter, VT), a cumulative process through which their “inner experience is negatively transformed through empathic engagement with clients’ trauma material” (Pearlman & Saavitrne, 1995, p. 279). According to this research, VT generates broad and deep impacts, leading to changes in workers’ personal and professional identities, meanings, beliefs, and interpersonal needs-- particularly those relating to safety, trust, esteem, intimacy, and control (Blair and Ramones, 1996; Palm, Polusny, and Follette, 2004; Saakvitne and Pearlmann, 1996). Additionally, workers may develop a variety of other psychological symptoms and cognitive reactions, including Post Traumatic Stress Disorder (hereafter, PTSD). PTSD is distinguished as a severe and enduring anxiety disorder that can develop after exposure to a traumatic event. Diagnostic symptoms for PTSD include: re-experiencing the original trauma(s) through flashbacks or nightmares; avoidance of stimuli associated with the trauma; emotional numbing; increased distress and hyperarousal such as difficulty falling or staying asleep, anger, and hypervigilance; and distress or impairment in social, occupational, or other important areas of functioning (APA, 2000).

If, as these scholars claim, trauma signals an “inescapable stressful event that overwhelms people’s existing coping mechanisms” (van der Kolk, 1996, p. 276), and such overwhelm alters “enduring patterns of perceiving, relating to, and thinking about the environment and oneself” (DSM-IV-TR, 2000, p. 686), then studying how workers communicatively construct trauma, how those constructions shape constructions of identity, and to what end, may help us to understand significant dimensions of their identity work, specifically

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although we define trauma as profoundly destructive, disorienting, and disorganizing, trauma workers manage to continue working productively in their fields, creating and re-creating dynamic identities that enable them to make sense of seeming senselessness.

This study maintains that studying *how* workers' constructions of trauma shape their constructions of self, and to what end is important. This is because while it has been argued that trauma shapes identity in profound, complex, and increasingly contested ways (Gillig, 2009; Herman & van der Kolk, 1987; Kluft, 1999; Nijenhuis, van der Hart, & Steele, 2010), research, theory and everyday thinking about this process have tended to draw primarily from one of numerous possible discourses, leaving much to be understood. In contemporary western societies, I will argue in this opening chapter, the dominant discourse of trauma stems from a cognitive approach that has become increasingly rooted in a materialist paradigm of the person and shapes thinking, research and practice in important yet largely taken-for-granted ways. This perspective encodes a variety of ontological premises, including: events are viewed as *inherently* traumatic; their influence is causal; the normative subject is a unified, integrated, autonomous, self-contained "individual" system or structure; and finally, identity is the "totality of one's self-construal" (Weinreich, 1986, p. 82). Here, self-construal is defined as "a constellation of [avowed] thoughts, feelings, and actions concerning the relation of the self to others and the self as distinct from others" (Jackson, 2010, p. 682), and such thoughts, feelings and action are understood to be mental functions.

According to this dominant discourse, traumatic events are primarily agents of *psychological*, and thus *neurophysiological* change. Through the objective force of trauma the boundary of the self is broken, its essential integrity is fragmented and dis-integrated, and its

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(implicitly moralized) innocence and purity are (metaphorically) contaminated. Traditional cognitivism thus conflates *experience* (what has happened to a person) with identity (who they presumably “are”), resulting in systems (literally and discursively) of trauma diagnosis in which one ‘is’ traumatized and ‘has’ PTSD.

Cognitivist logics of discourse construct the normative and traumatized self across a variety of professional and institutional sites, and also in the genres of clinical, scholarly, and everyday discourse. From a social constructionist view, these language systems are created, maintained-- and eventually naturalized through the force of their own internal logics, processes, and practices. The American Psychological Association’s (hereafter, APA) Diagnostic and Statistical Manual of Mental Disorders (hereafter, DSM-IV-TR), the canonical cornerstone of mainstream clinical logic/practice, is one such site of reification. Its discourse defines, formalizes and legitimates trauma-related diagnosis by establishing criteria for the identification and treatment of PTSD and for related psychological maladies.

In 2000, the American Psychiatric Association revised diagnostic criteria for PTSD in its fourth edition of the DSM-IV-TR. According to this revision of the manual, a legitimate diagnosis of PTSD must include a client history of exposure to a traumatic event meeting two criteria and a report or display of symptoms from three symptom clusters. These include intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms. The two compulsory criteria require that “the person has been exposed to a traumatic event in which both of the following have been present: (1) The person has experienced, witnessed, or been confronted with an event or events that involve *actual or threatened* death or serious injury, or a threat to the physical integrity of oneself or others; (2) The person's response involved intense

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fear, helplessness, or horror...” (Italics added) (p.424). The use of the terms ‘actual’ or ‘threatened’ as opposed to ‘interpreted’ or ‘constructed’ presume threat to be an objective event that is measurable and may thus satisfy criteria for assessing the material truth of a traumatic event. By implication, their use frames the likelihood and legitimacy of how individuals or collectives respond, whether that response results in post-traumatic stress or vicarious trauma symptomatology, the manifestations of symptoms, finally, implicates practices of diagnosis and intervention.

In addition to generally formalizing and legitimating PTSD as a cognitive and corporeal response to a devastating material event, DSM-related constitutive practices have specifically implicated workers at risk for experiencing trauma and PTSD symptomatology. This is especially true for those workers engaged in contexts where exposure to human suffering is high and support and the availability of resources is limited.

To mitigate against the occurrence of trauma and vicarious trauma symptomatology, cognitive interventions generally focus on correcting physiological imbalances, resolving psychological root causes, and promoting *resilience*, an attribution which refer to “a class of phenomena characterized by good outcomes [achieved] in spite of serious threats to adaptation or development” (Masten, 2001, p. 98). Resilience is the primary construct that scholars use to explain persistent human buoyancy and efficacy achieved in the wake of trauma. Resilience, initially conceived as *resiliency*, evolved out of psychological theories of individual invulnerability or invincibility to support *ecological* models of hardiness. Informed by systems theory, ecological approaches move away from an emphasis on individual internal traits toward an interest in predictable relationships developed between biological, psychological, social, and



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economic risk and protective factors. They also explore how circular causality and transactional processes between system elements foster outcomes of resilience (Ungar, 2004). While these new approaches are systemic and holistic, they are nonetheless rooted in cognitive conceptions of trauma and the self.

In the shadow of dominant cognitive discourses of trauma and identity, alternative theory and practice have been developing for some time. However, these alternatives have not received the level of scholarly attention or critique enjoyed by cognitivism. In general, these alternatives shift the emphasis from cognitive models of the thinking self bounded in an individual body, to privilege a sensing, feeling, inter-subjective and intra-connected self/body. *Somatic* psychological scholars and practitioners aligned with these alternatives have, for example, developed theory and practice that moves away from what Ogden and Minton (2000) call “top-down” or cognitive-centered approaches to “bottom-up” or *body-centered* approaches.

Somatic psychological approaches to trauma hold the body as central by drawing from mammalian models of physiology to define trauma symptoms as the effect of autonomic nervous system (ANS) dysregulation. These approaches intervene by tracking sequential physical movements and sensations still associated with unassimilated sensorimotor reactions to trauma (e.g., motor impulses, muscular tensions, trembling, other micro-movements and changes in posture, breathing and heart rate). For somatic scholars and practitioners, the body is either the sole or primary site through which all other (e.g., cognitive and emotional) trauma processes can ‘unwind’. In either case, somatic psychological scholars view the traumatized body/self as a highly fluid form of corporality and consciousness. This form *fights, flies, and/or freezes* in response to trauma.

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If somatic approaches to trauma have developed compelling and innovative alternatives to cognitivist discourses of trauma, replacing them with holistic discourses of dynamic and relational embodiment (Schoore, 2005), what might communication scholars contribute? For example, while these discourses do much to move us away from an emphasis on cognition, they also continue to ground trauma and the self as *material* phenomena. Materialist discourses of cognitivism (and increasingly somaticism) have been, and continue to be, theoretically and practically well developed and broadly applied yet give us only one way to consider trauma and its effects on workers.

From a communicative-constructionist view, it is communication-- not materiality or corporeality—that is the primary site of trauma and identity. Yet, communication is itself both social and somatic. This seemingly subtle paradigmatic shift yields radical implications. It requires that we look *at* communication as the primary process by which we construct meaning together, rather than look *through* communication as the *content* of what is said or as the *transmitter* of individual preformed and internal meanings attuned to experience (Pearce, 2007). By holding communication, rather than physiology-- or social structures-- as the primary process for study, communication scholars can propose additional alternatives to dominant discourses of trauma and identity.

When people define a particular concept in a particular way, they create a pattern of thinking and acting that leads them to perform a set of behaviors that are linked to that particular naming (Austin, 1962). For example, if a person defines an interaction as a conflict, then they will talk and perform a set of behaviors consistent with being in a conflict (Lakoff and Jophson, 1980) they will see other interactants as “enemies”, and will attempt to “win” the argument by

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“defending” their position and “out-maneuvering” or “overpowering” them. If, on the other hand, a person defines the same situation as a mutual opportunity, they will see other participants as “partners” or “associates” and will try to find ways to “work together” so as to achieve a “common goal”.

Using trauma as an example, by defining trauma in a particular way, as unwelcomed and overpowering physical contact, for example, a person will talk about and treat the person who made such contact as a “perpetrator” who has “crossed” the physical “boundary” of the self. They will see themselves as a “victim” who has been “violated” and the other as a “dangerous” person who needs to make restitution or be punished for their violation. They may vote for particular laws to be passed to protect others from similar harm or engage in forms of activism to “advocate” on behalf of others, avoid others who behave in a similar fashion, and so on. This is how people cause the description and action to be the same. As Austin (1962) asserts in his theory of speech acts, “What we have to study is not the sentence but the issuing of an utterance in a speech situation, there can hardly be any longer a possibility of not seeing that stating is performing an act” (p. 139). In essence, by speaking we perform.

Once a set of actions are repeated across time and across situations or groups, they become performances that create and constrain identity. Continuing the previous example, once a person defines trauma as unwelcomed and overpowering physical contact, and a person touches them in an uninvited and forceful way, they will make themselves up to be “traumatized”; the other as “traumatizing” and a promoter or “perpetrator” of trauma; and the situation in which the event occurred as “traumatic”. As a result, they may engage in behaviors that numb their senses in attempt to “flee” or dissociate from the violated body/ “self”.

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Performing a traumatized, violated, and dissociated self across time and situation creates an identity of victimhood, which may be helpful in securing resources or being recognized as one of a group who is strong enough to have survived a trauma, but will simultaneously constrain a person through re-enactments of powerlessness, woundedness, disconnection, and isolation in which the “victim” is never free from “victimhood”. When trauma is understood as the uninvited mark of another on the body, the self becomes conflated with the choices and behaviors of a “more powerful” other. As long as the “victim” enacts victimhood, the mark cannot be erased and is re-inscribed through social stigma and in everyday interactions.

As I have described, identity performance involves more than just enacting or operationalizing a definition of self once and moving on; it is a process . As Butler (1993) describes, “Performativity must be understood not as a singular or deliberate ‘act’ but, rather, as the reiterative and citational practice by which discourse produces the effects that it names” (p. 2). The process of Identity performance involves several steps: (1) defining a central concept (Austin, 1962) followed by; (2) reinforcing that definition through rehearsing and practicing it (Hodson, 2005; Holmer Nadeson & Trethaway, 2000; ), which leads to; (3) trial identity behaviors, which in turn lead either to identity adoption or to identity resistance (Butler, 1992; Holmer Nadeson & Trethaway, 2000; McKinlay, 2010).

What this means is that it is not enough to simply define trauma as an unwelcome and overpowering physical contact, for example. To create a performative identity of trauma, a person needs to practice or rehearse their role as a “victim” in relation to that definition and to others through behaviors of dissociation, for example-- not authoring narratives of events that they have been involved in, not reporting to themselves or to others bodily sensations, practicing

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not accomplishing things that they have learned, and so on. Ultimately, these practices go on to promote and become reinforced by corresponding responses from others, whether others are prompted to pity and expect little from the “victim”; enact frustration, anger, aggression or helpfulness toward them in relation to their performances of helplessness; avoid them; or assume they do not know what is in their best interest, how to take care of themselves or speak up for themselves, so “advocate” or take responsibility for them in a myriad number of ways.

In this way, definitions and their persistent and iterative identity performances form discourses or discursive logics (Hall, 1997). As McKinlay (2010) notes, “Here identity becomes not immutable but obstinate, and exchange between the knowing individual conscious of their limits and hegemonic social practices” (p. 234). While each performance provides an opportunity for some alternate performance to be enacted, as identity performances persist over time, they appear innate, natural, pre-existing and immutable rather than changeable. They also then become expected by cultural members in a given language community, who compel their repetition but can never fully determine it.

For example, when a “victim” returns to visit a family or community, regardless of the identity they performed outside that family or community, they often re-enact the “victimhood” expected and propagated by the system. In a sense, a person can “step back into” a subject position when that position makes sense for and so is maintained by a language community. As Butler (1993) describes, “Performativity cannot be understood outside of a process of iterability, a regularized and constrained repetition of norms. And this repetition is not performed *by* a subject; this repetition is what enables a subject and constitutes the temporal condition for the subject” (p. 95).

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While identity performances may be compelled by prohibition, taboo, ostracism, threat of death, or even just habit, it is important to note that this process is relatively fluid, hardly ever stable, and never complete. As McKinlay (2010) notes, "Identity is always provisional rather than complete, a deeply ambiguous and unstable moment" (p, 232). At many points and at any given moment, participants practice individual enactments that create an opportunity for a new identity. As Holmer Nadeson and Trethaway (2000) assert, "Discursive control and closure will always/already be met with resistance". Whether conscious or unconscious-- engaged by members who know the rules but choose to resist them, or the "unintended effects of bodily performances that necessarily introduce difference into their day-to-day enactments" (p. 225) alternative identity performances are not the conclusion, but another starting point for understanding how peacebuilders make sense of and practice in relation to seaming senselessness.

Many phenomena potentially shape identity at work; trauma is an important one. While we continue to develop extensive research investigating trauma and its effects on workers from a neurophysiological/psychological/somatic frame, there is little practical constructionist theory and research. This study employs a communication approach to the study of trauma and identity, and the impact of these concepts on workers' discursive practices. The hope is to better understand how workers communicatively construct trauma, how those constructions in turn create identity, and to what ends. As a result, we may also recommend new potential channels of interdisciplinary understanding, research, and intervention.

Because objectivist paradigms that guide the investigation of trauma and identity share many interests, and since they talk about these phenomena using the same or very similar terms,

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it is difficult to distinguish their ontological, epistemological and methodological commitments without creating confusion. Traditionally, this confusion has hindered communication-centered and interdisciplinary research related to trauma and identity. While this issue will be elaborated in chapter two, I would like to briefly illustrate it here by comparing and contrasting key terminology. What materialists call *the self* or *personality*; constructionists call *the self*, *identity*, and/or the *ego*. While scholars from both paradigms use these terms interchangeably, that usage often means radically different things.

From a communication as social construction perspective [hereafter CAC], the self is not fixed in time or space either as a neurobiological perceiving brain, or as a feeling, sensing body--although emotions and embodiment are increasingly important to a particular subset of communication scholars. Instead, the self is “no self at all” (Gergen, 1991, p. 6), but rather a dynamic, discursive, relational process that renders individual beliefs as collective representations; associative and semantic memories as memory traces; and processes of cognitive and corporeal attunement and attachment as enduring relational patterns, grounded not in neurophysiology, but in social and cultural discursive performances and practices. “Communication” refers not to talking about pre-existing things, but to doing and making things. It also implicates the reflexivity of individual thoughts, emotions, sensations, and intentions as social processes by which we construct, reconstruct, and alter our shared reality.

As mentioned, because many trauma-related terms are similar if not identical, reconciling their usage across disciplinary and practical language communities can be challenging. However, viewed through a multi-disciplinary and paradigmatic prism, the superficial consistency of trauma and related phenomena folds, twists, and changes. As Lindlof and Taylor

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(2010) note, “Such meaningfulness is not singular, stable, or passively absorbed. Instead it is dependent on human actors using cultural stocks of knowledge to engage an ambiguous and reactive world, and to serve their situated, evolving purposes” (p. 45).

When we consider the concept of trauma across the breadth and depth of interdisciplinary literature, we find that scholars often tend to conceive of trauma from a particular disciplinary lens. Taken as a whole, though, the literature suggests that we may conceive of trauma along an ontological-epistemological continuum. On one end of this spectrum, trauma’s material ontology is taken for granted, and is essential to its etiology and ethical treatment. On the other end, trauma’s material existence is called into question. Between these two polarities, trauma spans the chasm between materiality and the purely symbolic.

In contrast to a paradigmatic or disciplinary approach to trauma that acts as a mirror reflecting and reproducing what we already know, a spectrum view encourages scholars to “move across” the material/symbolic spectrum, assembling, disassembling, and re-assembling alternative perspectives of trauma to generate new forms of knowledge marked by deeper insight, greater compassion, and more embodied practice. It represents a communicative approach because a spectrum model holds trauma and the paradigmatic conceptions of trauma within it to be discursive constructions. From this perspective, language and practice are both the medium of communication and also constitute the human reality it investigates and articulates. Thus, knowledge about and experience of trauma are not discovered, but produced by and through language practices and performances.

While a spectrum view may appear to be a call for interdisciplinary tolerance-- an agreement to disagree leading to mutual respect, patience, and generosity that affords scholars



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and practitioners the opportunity to look ecumenically across the continuum while holding firmly to a preferred mode of understanding-- it is distinct in one important respect, a spectrum view requires that we reflect upon the truth of what we know to see our understanding, our disciplines, and the continuum itself as various ways of approaching and engaging trauma, the self, and the world through particular discursive lenses that effectively determine the nature and meaning of human suffering we hold to be true. By seeing trauma as a communicative construction, we open ourselves to the possibility of meanings, identities, performances, and practices not yet considered.

Keeping this in mind, I next preview the spectrum model (see fig. 1). In chapter 2, I will describe each paradigm and detail how its discursive logic generates particular accounts of trauma and identity, and how various parties should respond.

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### Spectrum Model of Trauma

COMPONENTS	MATERIAL A --> B	MIXED A + B	SYMBOLIC B --> A
DEFINITION	MATERIAL EVENT --> MATERIAL RESPONSE	MATERIAL EVENT + SYMBOLIC RESPONSE	NON-EVENT
RELATIONSHIP	CAUSAL	LINKING	INFUSION OF IDEA WITH MEANING
TRAUMA	PROFOUND CORPOREAL WOUND	RUPTURE OF SELF/EGO OR SOCIAL FABRIC	NIGHTMARE
RESULT	SYMPTOMS	MEANING	"REALITY"
ONTOLOGY	OBJECTIVE MATERIAL TRUTH	CONSTRUCTION	INVENTION
EPISTEMOLOGY	DISCOVERY	INTERPRETATION	INVENTION
AGENT	TRAUMA	LANGUAGE USERS CULTURAL MEMBERS	DISCOURSE
COMMUNICATION/ DISCOURSE	TRANSMISSION OF INFORMATION	PRIMARY PROCESS OF MEANING CONSTRUCTION	PRIMARY PROCESS OF REALITY CREATION
IDENTITY	"PERSONALITY"	"EGO", "IDENTITY" "CONSCIOUSNESS"	PERFORMANCE
EVENT CHARACTERISTICS	INHERENTLY THREATENING TO SURVIVAL	NEUTRAL YET ONLY CERTAIN EVENTS BECOME "CANDIDATES"	DISCURSIVE PERFORMANCES/ ASSEMBLAGES/ INVENTIONS
EVENT TYPES	ANY EVENT THAT MEETS ABOVE CRITERIA	MUST BE RECOGNIZED OR RENDERED TRAUMATIC	NONE
RESPONSE CHARACTERISTICS	UNMEDIATED: (1) AUTOMATIC (2) IMMEDIATE (3) UNREFLEXIVE	MEDIATED VIA COMMUNICATIVE ATTRIBUTION & IDENTIFICATION	INVENTED VIA IMAGINATION & HABIT
RESPONSE TYPES	SYMPTOMS: ALTERATIONS IN MATERIALITY	ATTRIBUTION	ROLES ENTAILMENTS
RESPONSE LEVELS	INDIVIDUAL BODIES/ GROUPS OF BODIES	(1) CONSCIOUS/ U/C (2) INDIVIDUALS S/COLLECTIVES	NONE
INTERVENTIONS	HEAL WOUND AND REMOVE THREAT	CONSTRUCT ALTERNATIVE DISCOURSES OR "WORK- THROUGH" TO TRUTH OF EVENT	INVENT ALTERNATIVE DISCOURSES W/ ALTERNATIVE ENTAILMENTS

Fig. 1

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### **Research Question**

In order to better understand how conceptions of trauma shape professional identity in peacebuilders from a CAC perspective, this research asks the question “How do peacebuilders’ discursive constructions of trauma shape their related constructions of identity and to what ends?”

### **Theoretical Basis for Study**

The theoretical basis for this study derives from a social and communicative constructionist view. In brief, social constructionism is a theory of knowledge that argues that social “reality” consists of objects, events, interactions, and ideas that we as humans make meaningful through dialectical acts of interpretation. Expression, viewed as interpretation is a social, cultural, and communicative accomplishment in that while all individuals are capable of engaging in acts of sense making, we tend to draw repeatedly from shared cultural stocks of knowledge to arrive at common ideas of what is ‘true’, ‘right’, and/or ‘good’ (Lindlof and Taylor, 2011). From this perspective, interpretation is not the product of individual cognition, but a social and communicative process involving the adoption and performance of preferred scripts and images.

While social constructionism has its roots in phenomenology, and its disciplinary home in sociology (Berger & Luckmann, 1966) and social psychology (Gergen, 1985, 1999), communication scholars have made important contributions to this literature by emphasizing the role of communication as central in the social construction of reality. From a CAC standpoint, communication is not the transmission or expression of individual or collective thought or interpretation but is on the contrary central to their creation. As Deetz (1992) argues, “Language

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does not name objects in the world; it is core to the process of constituting the indeterminate and ambiguous external world into specific objects” (p. 6). Through words, symbols, and behaviors, cultural members demonstrate that we are "Symbol-using (symbol-making, symbol-misusing) animal[s]" (Burke, 1966, p.16) who create and recreate our meaningful world together through talk and action.

Bartesaghi and Castor (2008) call this communication-centered understanding of social reality “communication as social construction” arguing that such a position is practical, consequential, and constitutive, and thus encourages researchers and everyday social actors to, “interrogate the discursive constructions, the consequences of those constructions, the alternatives, and the entailments of future responses” (p. 25). This project is grounded in such a view, and will focus specifically on how international peacebuilders construct identities in their work related to trauma, and to what end.

### **Significance of Study**

This study aims to benefit interdisciplinary scholarship, the field of communication, and the international community of peacebuilders in several ways. First, as argued above, when we look across the interdisciplinary literature, many of the same concepts emerge again and again in relation to trauma and identity. While they appear similar, their distinctions are consequential. The particular paradigmatic, disciplinary, and practical lens through which scholars conceptualize trauma determines how we define what trauma is, who we are in relation to it and to each other, and what responses emerge as possible and reasonable.

Second, this research broadens the field of communication by introducing a distinctly communicative approach to the study of trauma, focusing specifically on how communicative

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constructions of trauma shape peacebuilder identity and practice. In so doing, this study offers a model by which communication scholars and practitioners can approach these topics in new ways. For example, while cognitivist and neobiological perspectives of trauma and identity currently dominate theory and practice, once we adopt a discursive view we realize that no paradigm is right or wrong, rather every discourse of trauma can be called upon and used. When scholars and practitioners understand the consequences and entailments of their communicative choices and the discourses with which they consequently align, the task of identifying best practices is transformed from declaring “right practices” to understanding “useful discursive options” for a given case.

Numerous organizational communication scholars have argued that if we take the linguistic turn seriously, we might understand objectivity and subjectivity, the real and the symbolic, the material and the non-material world not as two different things, but as related. As Kuhn (2012) asserts, “Decades ago, the linguistic turn across the social sciences led to the questioning of assumed distinctions between objective...and subjective...elements in the social world” (p. 546). According to Kuhn, taking the linguistic turn seriously means treating language and communication not as channels or conduits of “truth” or “reality” but as “constitutive of all meanings, experiences, and descriptions in social life” (p. 546). Kuhn and others (Deetz, 2003; Sewell, 2010; Alvesson & Kärreman, 2000) argue, like Mumby (2011) that an exploration of the fundamental linguistic character of “all experience (and all knowledge claims!), and the ways that experiences and objects are constituted in dialectical relationship to one another” (p. 1149) has not been adequately addresses.

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This research redresses that inadequacy by showing how just as the subject constructs the object through discourse, so too the objective world brings into being the subjective through its interpretation. This is how what we assume to be two different elements or experiences are understood in relationship. One is constituted through the other, and the other through the one.

Recognizing the dialectical relationship between subjectivity and objectivity is not a claim that reality is or is not objectively real or true. Instead, I argue that the manner in which a reality manifests for a particular person in a particular place and time is greatly influenced by the discourse he or she uses to define and describe that reality. A discourse, that in turn, defines and describes the one performing it.

In short, objects (i.e. trauma, peacebuilder practices, discourses) are a manifestation of subjects (peacebuilder identities), which come into being as peacebuilders performing subject positions “see” or create meaningful objects. This is how we can understand the object and the subject as one and the same—two sides of the same a coin.

This research neither claims that trauma is objectively real, factual, or true nor that it is only an effect of human meaning making. In contrast to a modernist view, a constructionist view asserts that what is good, “true”, and real is culturally and historically situated. In other words, there is no universal truth, rightness, goodness, or badness. As Gergen (2009) explains, “ There are no claims here that the arguments are true, objective, or rational. Rather, constructionist ideas are offered as possible resources for living. The question is not whether they are objectively true, but what happens to our lives when these ideas enter into our relationships? (p. 160). To the constructionist, the material world exists but makes no demands on us to call it one thing or another, or respond or relate to it in one way or another. For example, when we call

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something a tree, what tree means to one person (a home or shelter), may mean something entirely different to another person (shade), and something different again to someone else (beauty, life, nourishment, livelihood), and so on (McNamee & Gergen, 1992).

Pearce (2007) summarizes a constructionist view through four questions: (1) What are we making together? (2) How are we making it? (3) What are we becoming as we make this? And, How can we make better social worlds? This research puts the question this way, “How do peacebuilders’ discursive constructions of trauma shape their constructions of self, and to what ends?”

Finally, this research contributes to the interests of peacebuilders by empirically examining how trauma productively and unproductively impacts their work from a new perspective. Understanding better how peacebuilders construct trauma and how those conceptions shape constructions of identity may tell us something about how people manage to turn seemingly unbearable experiences into positive resources for meaning in work and life. This study may thus offer new points of intervention that may mitigate against or even prevent the occurrence of trauma and vicarious trauma symptomatology among these groups. Surprisingly, many trauma workers derive deep satisfaction out of potentially crushing experiences that might otherwise drive them to despair.

### **Outline of Study**

This first chapter has introduced my topic and situated it within the interdisciplinary literature of trauma. Scholars across the natural and human sciences have taken tremendous interest in trauma and identity, yet to date, there has been little communication scholarship looking at how trauma workers’ communicative constructions of trauma shape their

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constructions of identity, and to what end. This study redresses that lack, demonstrating the importance of trauma as an important site of identity construction for trauma workers, and the benefits of a communicative constructionist approach to these phenomena.

Chapter 2 provides a review of the literature that identifies and traces key terms across the interdisciplinary and paradigmatic landscape. In this chapter, I offer a continuum model of trauma that organizes the literature into three paradigms: material, mixed, and symbolic. From a material paradigm, trauma is a material event resulting in material effects. From a mixed frame, trauma is constructed when a material event is linked to a traumatic attribution. And finally, from a symbolic perspective, trauma is a discursive creation assembled through imagination and habit.

Chapter 3 details my use of qualitative methods to ground this work in a communicative perspective, including recruitment practices, interview guide, and the system of data analysis I chose to accomplish the goals of this study. This discussion also includes a description of the research site, participants involved in the study, and related ethical issues.

Chapters 4, 5, and 6 present a systematic analysis of the data, mapping the data to the communication framework I propose in chapter 2.

Chapter 7 summarizes the study and highlights its primary contribution to interdisciplinary theory and practice, the field of communication, and peacebuilders in training and in the field. I will detail the importance of understanding trauma, identity, peacebuilder practices and the relationship between them from a communicative perspective, and propose new ways that scholars and workers may use this knowledge to inform their work and increase its benefit.



## CHAPTER 2

### Literature Review

In the process of surveying the literature, I saw that ideas fall into categories. When people communicatively construct something, they think, speak, and act toward that construct in three over-arching ways, as: (1) a material event leading to a material response; (2) a material event linked to a symbolic response; (3) a non-event. In the first *Material* category, the relationship between the material event and response is conceptualized as one of cause and effect-- the event causes the response. The event is assumed to possess inherent characteristics and these characteristics result in particular types of material responses or effects, which are unmediated and thus automatic, immediate and unreflexive, even when they don't appear right away. Because they are seen to possess inherent and objective characteristics, material events are expressed as either "true" or "false", and people can only learn about them and their effects through processes of discovery. Whether a material response takes place at the level of the individual or group, when it endures it can take on a "life of its own" perpetuating the causal relationship of the initial material event, even in its absence.

In the second *Mixed* category, an idea is conceived as a material event linked to a symbolic response. This linking is the result of a process of social attribution in which a material event is made meaningful through interpretation, representation, or sensemaking. The material event is either (tacitly or explicitly) held to possess inherent characteristics that lend themselves to a particular interpretation by members of a particular culture in a particular historical epoch, or are purely represented as such. In either case, members construct the meaning of material events

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through talk and action whether consciously or unconsciously as individuals of a language community or as a collective. When a meaning endures over time, it may appear to exist independently from its original construction. But, when an idea is seen as a material event linked to a meaning attribution, the meaning of that event is not independent or objective so can only be perpetuated or altered through ongoing talk and action— processes of social and discursive construction that must be deconstructed and interpreted to be understood.

Finally, when an idea is conceived of in the third *Symbolic* way, it is talked about and acted upon as a non-event— an idea infused with meaning. This infusion is a purely symbolic/discursive process by which “reality” is invented and stands on its own merit with no material warrant for its “truth”, “goodness”, or “rightness”. Reality is a process of creation, a moment-by-moment discursive invention performed through imagination and repeated through habit. This discursive performance results both in a meaningful reality and in roles or entailments that are not determined but can always be otherwise. From this category, just as “reality” is invented it can only be understood by those engaging its instantaneous and ephemeral enactment.

These three categories form paradigms, “universally recognized scientific achievements that, for a time, provide model problems and solutions for a community of researchers” (Kuhn, 1996, p.10) that designate not only shared sets of ontological and epistemological beliefs or assumptions that “unite a community of scholars and prescribe specific guidelines for conducting research” (Prasad, 2005, p. 8) but also form the basis of the discursive resources people draw upon to communicatively construct reality.

In this chapter, I elaborate the discursive logics of each of the three paradigms I have introduced here by describing the: (a) discursive components that make up each paradigm; (b)

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characteristics and types of each component; (c) relationship between the components; (d) effect and outcome of that relationship (e) ontological and epistemological assumptions governing each paradigm; (f) relationship between the paradigms; and (g) interventions prescribed or implied by each paradigm through a specific analysis of the construct of trauma. While most any idea is conceived through one of these three lenses, in this study I am concerned with constructions of trauma, how these constructions shape enactments of self-identity, and how such enactments result in practices that are more or less useful to those that engage them. In the following section, which details the material, mixed, and symbolic paradigmatic or discursive logics of trauma, key terms related to conceptions of trauma and identity will be compared and contrasted within each paradigm and across the spectrum.

### **Trauma as Material**

From a materialist ontology, trauma is defined as an event, or an event leading to a response (event/response) (van der Kolk, 1987; Herman, 1992). When trauma is constituted as an event, that event is defined as traumatic by virtue of its material actuality (e.g., the shackling of chains) or because of the bodily wound it has imposed (e.g., the marks, bruises and tears of skin and bone caused by such restraint) (Freud, 1920; Garland, 1988). As Houston Grey (2009) points out, this material concept of trauma derives “from the Greek term used to describe a severe wound” (p. 175).

When trauma is materially defined as an event leading to a response, the response is framed as unreflexive, unmediated, and immediate-- a matter of cause and effect-- even when symptoms don't manifest instantaneously. When seen through a materialist lens, communication is conceptualized in a similar vein as information packaged, transmitted, and received (Craig,

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1999; 2001) through verbal and nonverbal (i.e. violent) means, and that hold their pre-formed meanings within them waiting to be discovered or exposed. Breakdowns in communication occur when a receiver mishears or misunderstands the intent or content of a message. Such breakdowns of communication often imply the solution as more talk or better enunciation of otherwise static meaning.

If we extend a material conception of communication as a physiological rather than intrapersonal phenomenon, it comes into view across the entirety of the body, each ‘package’ of information a link in the chain of corporeal cause and effect. Messages sent and received could be isolated at the site of a wound or as the flow of nourishment or other forms of information moving through arteries, veins, and organs as packets of information carried in the blood to be taken up, filtered, and processed by cells, glands, and organs to nerves and neurotransmitters that receive information of injury translating that into chemical and electrical signals that jump across synapses to trigger muscular contractions, and so on. In the transmission model (Craig, 1999), communication is conceptualized as a process in which meanings, packaged in symbolic messages are transported from sender to receiver. Over time, if these messages are damaged or continue flowing when no injury is present, miscommunication in the form of dysfunction, disorder, and disease occurs.

From a materialist paradigm, the tight coupling of event and response or sender and receiver through this cause effect relationship makes material events and responses difficult to tease apart. So materialist trauma scholars often describe trauma as single phenomena, as van der Kolk (1997) illustrates: “Trauma, by definition, is the result of exposure to an inescapably

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stressful event that overwhelms a person's coping mechanisms" (p. 1). Here trauma is both an inescapably stressful event and the effect of exposure to that event-- a response of overwhelm.

Like van der Kolk, Herman (1992) also focuses on trauma as event and response, constituting and reconstituting their tightly mediated relationship. She foregrounds the complex and multi-dimensional nature of trauma then turns her attention to the various types of human experiences such events elicit. In the process, events and experiences fold into each other in a circular pattern, and the difficulty many materialist scholars face in attempting to lay hold of exactly what it is about an event that makes it inherently traumatic becomes more apparent. "Simplistic efforts to quantify trauma ultimately lead to meaningless comparisons of horror," Herman explains (p. 34). She reminds us that "certain identifiable experiences increase the likelihood of harm. These include being taken by surprise, trapped, or exposed to the point of exhaustion" (p. 34).

By calling forth particular experiences (e.g., being surprised, trapped, or exposed to exhaustion) that increase the likelihood of harm, Herman shifts from a view of trauma as event to event/response, highlighting and thus invigorating the centrality of the cause/effect relationship between the two in defining trauma from a materialist perspective. Herman believes trauma consists of an objective material occasion of corporeal injury and an inevitable response of helplessness and terror. "In each instance," she explains, "the salient characteristic of the traumatic event is its power to inspire helplessness and terror" (p. 34).

When defined materially as an event/response, trauma is characterized as extreme to the point of overwhelm, something that fundamentally threatens the integrity and wellbeing of the recipient. Herman (1992) claims "Unlike commonplace misfortunes, traumatic events generally

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involve threats to life or bodily integrity, or a close personal encounter with violence and death...the common denominator of psychological trauma is a feeling of “intense fear, helplessness, loss of control, and threat of annihilation” (p. 33).

The materially destructive power of an event-- especially in relation to human actors' physiological capacity to respond -- is central to its classification as traumatic, as Herman (1992) points out: “Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force” (p. 33). From a materialist perspective, four overarching factors work in tandem to amass the type and degree of power required to render such helplessness. These factors include the (1) type of traumatic force; (2) duration of the force; (2) degree of the force; and, (4) stage of development at which the force is applied or withheld (Allen, 2001; Ferenczi, 1933/1999; Herman, 1992; Terr, 1991; Van Den Bosch, Verheul, R., Langeland, W., Van Den Brink W., 2003). First, materialists describe trauma along two broad dimensions or types of force: human/non-human and action/omission. For example, while rape is defined as an act of human force, and emotional neglect human omission, tsunamis and droughts are, in contrast, categorized as natural disasters or ‘acts of god’ (now a highly contested category in light of competing claims surrounding the etiology of global warming). As Herman notes, “When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities” (p. 33). In either case—natural or human, the force is a real, material event or series of events.

Second, materialist literature on trauma also names the duration of a force as an important factor in shaping whether an event will merely stress or utterly overwhelm corporeal mechanisms of adaptation. An episode of violence may overwhelm a victim, but if that person

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experiences the world as otherwise safe and supportive, their experience may have very different consequences than a victim of ongoing abuse or neglect. As Herman (1992) reflects, “A single traumatic event can occur almost anywhere, but prolonged ... repeated trauma occurs only when the victim is a prisoner, unable to flee, and under control of the perpetrator” (p. 74). While these conditions exist in “prisons, concentrations camps, and slave labor camps ... religious cults, in brothels and other institutions of organized sexual exploitation” they “also exist in families” (p. 74).

Unlike victims of episodic trauma, children in environments of long-standing abuse must learn to operate in complex webs of relations shaped by trauma, putting in place massive attempts to orient, organize, and preserve the self. Scholars working from this paradigm are thus primarily concerned not with symbolic roots or manifestations but with the etiological effects of such efforts and relations, “Like childhood rheumatic fever, psychic trauma sets a number of different problems into motion, any of which may lead to a definable mental condition” (Terr, 1991, p. 10). According to Terr, “If one looks only at the clinical manifestations of trauma in a given day in the life of the traumatized child, one could diagnose conduct disorder, borderline personality, major affective disorder, attention deficit disorder, obsessive-compulsive disorder ... and not be wrong” (p. 10). While materialist language may be clinical, it is by no means dispassionate, “We must not let ourselves forget childhood trauma just because the problem is so vast” (p. 10).

In addition to the type and duration of traumatic force, materialist scholars also cite the degree of force applied or omitted as an important factor in determining traumatic overwhelm and long term adjustment to traumatization. Perry (2002), for example, argues that children and

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young nonhuman mammals “need stable emotional attachments with and touch from primary adult caregivers...If these connections are lacking, brain development both of caring behavior and cognitive capacities is damaged in a lasting fashion” (p. 10). From a materialist view, severe neglect results in long-term concrete changes in the mammalian brain that alter caring behavior—a phenomena we might intuit as relational or social (not neurological) in nature.

Finally, the stage of development at which a force occurs or is absent is also vital to materialists concerned with the etiology of trauma. Because infants and children are largely viewed from this paradigm as physiologically and thus in part emotionally and psychologically dependent on caregivers (Garmezy & Rutter, 1983) materialist scholarship and theory frames children as limited in agency, classifying them as vulnerable or ‘high risk’ populations, especially in contexts where several trauma factors are at play. As van der Kolk (1987) asserts, adolescents who fought in Vietnam were more prone to becoming “intensely attached to their combat units, reacting to the loss of a buddy by committing atrocities and later developing PTSD” (p. 11) than older soldiers. Even though this research looks at intrapsychic or individual experience in light of multiple and complex social forces “by which it has been shaped, and in which it continues to be embedded” (p. 153), these forces are understood as the context by which psychological trauma takes place, the “severance of affective ties” that results a traumatic state. From a materialist view, children’s susceptibility to experiencing PTSD and re-enacting it is fundamentally shaped, not by collective processes of imagination or articulation, but by individual levels of cognitive development.

While it might be assumed that a material analysis of trauma as event/response would specify the individual body as the unit of analysis, some scholars in this camp also hold



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communal or massive group experiences of trauma as central. In her work on collective Native American responses to trauma, Yellow Horse Brave Heart (2003), for example, defines ‘historical trauma’ as the “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences” (p. 7) and the ‘historical trauma response’ as “the constellation of features in reaction to this trauma” (p. 7). According to Brave Heart, group trauma experiences are comprised of the same pathological trauma symptoms commonly ascribed to individuals, including depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, substance abuse, and so on. Like materialists concerned with trauma as an event/response of the individual, Yellow Horse Brave Heart constitutes trauma as a collective threat to the integrity, security and power of the bounded body/self—not as an individual standing in solidarity, but in material relation to other bounded bodies and selves.

Having identified trauma from a materialist paradigm as a material event or event/response that overwhelms human actors corporeal ability to respond, I would like to consider in more detail a few of the various ways scholars working from this view render trauma responses material. Whether constituting trauma as an individual or collective phenomena, materialist scholars tend to focus on a particular set of responses or *symptoms* that indicate the presence of pathological overwhelm, radically altering thoughts, beliefs, emotions, sensations, memory, meaning, energy, ego functioning and development, attachment, neurobiology, physiology, or some combination of these. Traumatic effects—even, and perhaps especially those that would seem most immaterial, intangible, insubstantial, or unreal—are grounded in the

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tangibility, substantiality, and reality of the physical body and our experience of ourselves as a physiologically discrete, bounded, and separate entities.

When the neurobiological underpinnings of a trauma response are emphasized, trauma is framed as a unique kind of memory. Wrapped in a highly charged emotional valence, trauma is hypothesized to alter brain structures responsible for memory encoding and retrieval, making it impossible for these memories to be assimilated into ‘normal’ memory schemas. According to many trauma theorists, a traumatic experience leaves its mark on the psyche in a different manner from other experiences, “Trauma is thought to split off from the individual’s associative and schematic networks. This ‘dissociation’ is believed due, in part, to the trauma’s highly emotional qualities, the non-focal attention to aspects of the experience during encoding, and the lack of higher cortical processing of the experience during and after the trauma” (Piers, 1998, p. 19).

Rather than being ‘digested’ or assimilated into chains of narrative construction, traumatic memories are stored differently in the brain, causing them to retain their holistic, timeless, and spaceless quality, as if maintaining a life of their own. Capturing the imagination of materialist scholars across the disciplines, this process of dissociation is one of the hallmarks of current trauma theory, inspiring portrayals of alien possession or persuasion, “Like an abscess, traumatic experiences—including the associated perceptions, sensations, thoughts, feelings, and behaviors—are assumed to lodge themselves in the mind” (Piers 19).

Like traumatic events, dissociation is theorized by scholars working in this camp as a highly powerful material process that renders human agents inert in comparison, as Piers (1998) observes, “Most dissociation theorists do not conceive of a defensive or motivated forgetting of

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the trauma, like repression, but rather a passive encasing and loss of the entire experience” (p. 19). While traumatic memories are ensconced behind neurobiological ‘walls’, they continue to amass their power, exerting influence by shaping emotions, behavior, thinking, and perceptions in an ongoing yet unconscious fashion, while at the same time potentially constituting what van der Kolk (1991) calls “the nucleus of psychopathology” (p. 426).

In addition to dissociation, materialists view alterations in thoughts, emotions, and arousal responses as central features (or neurophysiological signifiers) of trauma, “Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory” (Herman, 1992, p. 34), as well changes in the relationship between these material processes. Herman argues that traumatic events may sever the Otherwise normally integrated relationship between arousal, emotion, cognition, and memory functions, “The traumatized person may experience intense emotion but without clear memory of the event, or remember everything in detail, but without emotion. She may find herself in a constant state of vigilance and irritability without knowing why” (p. 34). Thus through dissociation, trauma-related memories, cognitions, emotions, and arousal responses are theorized to disconnect from one another and the precipitating event, working in a highly disintegrated and detached manner, effectively taking on a life of their own.

Hyper-arousal, also known as the ‘fight, flight, freeze’ response, normally considered an adaptive mammalian reaction to stress, is also a hallmark of trauma as it is theorized to become fixed in the face of overwhelm, “The traumatized veteran, the rape survivor, the abused child, the impala, and the bird all have been confronted by overwhelming situations. If they are unable

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to orient and choose between fight or flight, they will freeze or collapse. Those who are able to discharge that energy will be restored” (Levine, 1997, p. 35).

In contrast to psychiatric, neurobiological, and other cognitive-oriented materialist approaches, somatic research and practice foreground trauma’s effects on the body. Two broad categories of somatic research have emerged in response to the dominant cognitive perspective; the first is solely concerned with non-cognitive physiological processes, while the other foregrounds the body yet addresses alterations in thoughts, emotions, and behaviors by taking a ‘bottom-up’ rather than ‘top-down’ approach-- using the body (rather than cognition or emotion) as the “primary entry point...which will in turn facilitate emotional and cognitive processing” (Ogden, Minton, 2000, p. 1). While these two strands of somatic trauma scholarship diverge in the degree to which they attend to the body (completely or primarily, respectively), both are deeply committed to the body’s innate ability to heal itself, as Levine (1997) notes, “In viewing trauma as a disease, medicine too often seeks to suppress [the body’s natural resolution process]” (p. 38). According to Levine, the body is highly agentic; when left to it’s own devices the body will heal.

For scholars and practitioners of the first orientation, energy is a central concept, and is understood not as a metaphysical force, but as the capacity of a biological system to initiate and complete a task, “A threatened human (or impala) must discharge all the energy mobilized to negotiate [a] threat or it will become a victim of trauma” (Levine, 1997, p. 20). In the face of potential threat, an organism’s primary task is to mobilize for self-protection and survival. If it is unable to discharge the energy it has aroused for defense, whether at the point of threat or in its wake, PTSD symptoms result, “ This residual energy does not simply go away. It persists in the

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body, and often forces the formation of a wide variety of symptoms e.g., anxiety, depression, and psychosomatic and behavioral problems. These symptoms are the organism's way of containing (or corralling) the undischarged residual energy" (Levine, 1997, p. 38). Thus, from this perspective, PTSD is an incomplete physiological response that will remain symptomatic until it is completed.

For scholar practitioners of the second approach, unfinished or unassimilated physiological responses are also of central concern, not as an end in themselves but for the purpose of body/mind integration through the inclusion of therapeutic 'maps' to address cognitive or emotional processing. In place of the term 'energy', incomplete arousal and defense processes are called 'sensorimotor' responses. In both cases, motor impulses, muscular tension, trembling and other micro-movements as well as changes in posture, breathing and heart rate are tracked in great detail, but the second is "used as a prelude to holistic processing on all three levels (cognitive, emotional, and sensorimotor) (Ogden & Minton, 2000, p. 1).

While one might assume that innate trauma responses are blocked through malevolent abuse or neglect (e.g., the intentional use of force to intimidate or overpower another person, as mentioned earlier), interruptions can be utterly innocent and well intended. As Levine (1997) narrates:

A bird that crashes into a window, mistaking it for open sky, will appear stunned or even dead. A child who sees the bird's collision with the glass may have a hard time keeping away from the wounded animal. The child may pick up the bird out of curiosity, concern, or a desire to help. The warmth of the child's hands can facilitate the bird's return to normal functioning. As the bird begins to tremble, it will show signs that it is

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reorienting to its surroundings. It may stagger slightly, try to regain its balance, and look around. If the bird is not injured and is allowed to go through the trembling-reorienting process without interruption, it can move through its immobilization and fly away without being traumatized. If the trembling is interrupted, the animal may suffer serious consequences. If the child tries to pet the animal when it begins to show signs of life, the reorienting process may be disrupted, propelling the bird back into shock. If the discharge process is repeatedly disturbed, each successive state of shock will last longer. As a result, the bird may die of fright—overwhelmed by its own helplessness. (p. 35)

In short, somatic scholars are distinct from other materialists in that they see trauma symptoms not as disease but as dis-ease or discomfort caused by the interruption of otherwise fluid, adaptive biological and/or sensorimotor responses that, when sufficiently supported, are able to accomplish the task for which they began. In this way, ease and full functioning are restored. Somatic models are also distinct in that they tend not to conflate personhood and behavior or experience, as tends to be the case with diagnostic-oriented cognitive models. Trauma is defined as the interruption of organic somatic processes of arousal and defense that must be supported and restored so that they may complete. The self is viewed as inherently whole, rather than broken, as Levine (1997) has put it, “Held within the symptoms of trauma are the very energies, potential, and resources necessary for their constructive transformation” (p. 37).

In contrast to somatic scholars of trauma who view the body and self as inherently healthy and whole, some *object-relations* theorists argue trauma as an unavoidable and essential part of life and thus the psyche or self. In *The Trauma of Birth*, for example, Otto Rank (1924)

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contends that the very process of being born is traumatic, as it brings about an abrupt end to the nirvana-like intrauterine state and floods the neonate with stimuli that it cannot master, triggering a primitive form of neurotic anxiety. Like object relations theorists interested in neurotic interpersonal and intrapersonal responses to birth-related trauma, attachment scholars are also concerned with the psychodynamics of social and emotional relations between humans, yet both camps ground relational processes in a materialist view of trauma and the self.

From a materialist perspective, an attachment is an affectional bond or relational link between an individual and an attachment figure (usually an infant and a primary caregiver) that is based not on interpersonal or meaning-related processes, but on bio-psychological needs for safety, security and protection, theorized as paramount in infancy and childhood (Prior & Glaser, 2006). According to this view, infants form attachments if there is someone to interact with, regardless of the quality of the interaction and even if mistreated. For attachment scholars, the question is not whether a child will connect emotionally, physiologically, and cognitively to a significant other, but how?

From this framework, children's attachment behaviors fall into one of one of four categories: Secure, Avoidant, Ambivalent, and Disorganized. The first signals the establishment of a trusting and reliable affectional bond with other and self, while the remaining three indicate inter-personal and intra-personal insecurity. Although attachment theory has historically focused on early childhood bonding patterns developed in response to particular parenting styles (including those marked by separation and loss), contemporary attachment researchers have taken an increased interest in the development of Disorganized Attachment in the wake of parental mis-attunement, abuse, or neglect (Ringel, 2012, p.77) resulting in the construction of an

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a-typical attachment disorder called Reactive Attachment Disorder (RAD), which has formalized (and further sub-typed) as a clinical disorder in the DSM-IV-TR and also appears in the World Health Organization's International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Like a majority of the materialist approaches to trauma previously outlined, contemporary attachment theorists are also increasingly integrating neuroscientific findings into their work, making causal links, for example, between the development of dysfunctional relational patterns (e.g., disorganized and reactive attachment styles) and non-normative brain structure development, and vice versa.

In contrast to a focus on attachment dynamics and relations, other psychoanalytic perspectives grounded in a materialist frame emphasize ego development and functioning as key sites of trauma response. According to Moore and Fine (1990), for example, trauma is:

The disruption or breakdown that occurs when the psychic apparatus is suddenly presented with stimuli, either from within or without, that are too powerful to be dealt with or assimilated in the usual way. A postulated stimulus barrier or protective shield is breached, and the ego is overwhelmed and loses its mediating capacity. (p. 199)

While the language thus far is ambiguous in its underlying commitment to a material view, they go on to explain that the state of helplessness that results ranges from “total apathy and withdrawal to an emotional storm accompanied by disorganized behavior bordering on panic. Signs of autonomic dysfunction are frequently present” (p. 199).

Thus, the psyche is not conceived of as a symbolic construct but a material apparatus, a mechanical structure whose task it is to assimilate and integrate ‘external’ and ‘internal’ stimuli



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or information. When the psyche is overwhelmed its boundaries are breached, leading to helplessness, anxiety, and corporeal breakdown.

Outcomes are durable effects of trauma, and may include any of the previously mentioned responses or other material reactions that endure even though the threatening event is no longer present. According to the dominant view, trauma is “an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis; something that severely jars the mind or emotions” (Webster, 2012). There are two ways that materialist scholars define enduring outcomes, the first more prevalent view is as a host of psychological abnormalities that drive PTSD and other physiological diseases and personality disorders. As van der Kolk & van der Hart (1989) illustrate, although there is a basic consensus on the accuracy of clinical formulations of PTSD and the dissociative disorders, “the precise psychological and biological processes involved in the transformation of traumatic experiences into psychiatric disturbances remain to be identified” (p. 1533). The second view of enduring trauma outcomes-- while also materialist in its commitments— holds a radically different view of trauma. For these scholars and practitioners trauma is not as a disease of physiology or personality but an innate process of healing that has been interrupted. As Levine (1997) exemplifies, “I do not view post-traumatic stress disorder (PTSD) as pathology to be managed, suppressed, or adjusted to, but the result of a natural process gone awry” (p. 6).

The predominant materialist view of trauma as an enduring pathological response to an overwhelming event is captured most concisely in a psychiatric diagnosis of PTSD, formerly known as shell shock, PTSD was included in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* Third Edition (DSM-III) in 1980 as a result of

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lobbying efforts by those working to help Vietnam war veterans gain recognition and compensation for their war-related trauma (Denham, 2008). Yet PTSD is a highly contested diagnosis. While it can act as a powerful tool for advocacy by capturing the enduring effects of trauma through specifying key material criteria of intrusive recollections; avoidant/numbing thoughts, feelings, and behaviors; and hyper-arousal symptoms as persisting for a minimum of one month (APA, 2000), admitting one has suffered trauma or been given a PTSD diagnosis can also add insult to injury, generating stigma for those diagnosed. As Herman (1992) states, “Those that attempt to describe the atrocities they have witnessed also risk their own credibility. To speak publicly about one’s knowledge of atrocities is to invite the stigma that attaches to victims”. (p. 2)

In contrast to the dominant materialist view of trauma outcomes, a purely somatic perspective argues that trauma’s enduring symptoms are not pathological but apathogenic. According to Levine (1997), confrontation with a life-threatening situation will automatically set off an innate mammalian response to survive. Yet, unlike wild animals humans have not been able to resolve the dilemma of whether to fight or flee. This dilemma sets the stage for what he calls the ‘Medusa Complex’, “As in the Greek myth of Medusa, the human confusion that may ensue when we stare death in the face can turn us to stone. We may literally freeze in fear, which will result in the creation of traumatic symptoms” (p. 18). Thus, when rational processes override autonomic nervous system processes, we freeze. From this somatic materialist perspective, the energy mobilized to negotiate threat is protective but will not go away on its own. If it is not discharged, it is then in some sense that we become victims of trauma: “This residual energy...persists in the body, and often forces the formation of a wide variety of

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symptoms e.g., anxiety, depression, and psychosomatic and behavioral problems. These symptoms are the organism's way of containing (or corralling) the undischarged residual energy" (p. 20).

Whether materialist scholars claim that trauma's enduring effects are pathological or a sign of the body's innate healing impulse as it manages the disruption of natural survival processes, they are equally concerned about trauma's complex and enduring legacy, characterized by subtle and massive alterations in functioning of emotions, sensations, perceptions, memory, arousal, relational dynamics, behaviors, and identity. Since we have covered many of trauma outcomes as immediate responses, I'd like focus briefly here on traumatic behaviors and the particular kind of grief associated with trauma known as traumatic grief, then turn finally to trauma's effects on identity.

Substance abuse, addiction, or chemical dependency used to be defined as a problem of the will, but is now generally understood as a disease (the disease model of addiction). Trauma scholars talk about addiction as an outcome of trauma, and as an issue of co-morbidity. In his chapter on attachment and separation, van der Kolk (1987). For example, suspects a link between neglect and addiction, "childhood deprivation seems to predispose a person to a large variety of addictive behaviors, including alcohol and nicotine addiction" (p. 43). This potential relationship between abandonment and addiction could be conceived as an interpersonal process of craving, or a longing for dependable human and spiritual connection, but instead, from a materialist standpoint the chemical dimensions of neglect and addiction are highlighted, "it is conceivable that unalleviated separation distress during infancy makes a person more likely to

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seek the comfort of actions that stimulate the opioid system to cope with adult separation distress” (p. 43).

Recurrences and re-enactments are another classic outcome of trauma. While it initially seems that van der Kolk is claiming that a social and relational phenomena (abuse due to neglect) can predispose a person to addiction, both attachment and addiction are defined in terms of human physiology, not meaning-making. While time warping, and lightning striking the same place twice capture the imagination and may seem like the stuff of fiction, science fiction, and fantasy, materialists link re-enactments to avoidance and repression, then treat both as material phenomena. As van der Kolk (1996) claims:

When the trauma fails to be integrated into the totality of a person’s life experiences, the victim remains fixated on the trauma. Despite avoidance of emotional involvement, traumatic memories cannot be avoided; even when pushed out of waking consciousness, they come back in the form of reenactments, nightmares, or feelings related to the trauma...Recurrences may continue throughout life during periods of stress. (p. 5)

Some materialist scholars hold that untreated trauma can contribute to ongoing cycles of conflict, violence and war. According to Wenger (2009) “Victims of violence, if not supported in finding their way toward healing and transformation, will almost inevitably create new victims”.

Whether by projecting it onto others or directing inward toward themselves, Wenger asserts that victims will “‘Re-enact’ the violence they have experienced ... moving into hopelessness, an inability to cope and move on, or self- destructive behaviors” (p.2).

According to a materialist perspective, when trauma is avoided, repressed, or otherwise untreated, it will be re-enacted through processes of projection and/or introjection. While the

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material character of violence is evident in the World Health Organization's definition of violence as "the intentional use of *physical force* or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO p. 4), the substantive nature of psychological defenses may be less obvious.

Like psychological defense mechanisms, attachment processes, and emotions writ large, grief, when used by scholars in this camp, is also understood as a material phenomenon. Despite everyday ways of thinking about grief as a "deep and poignant distress caused by or as if by bereavement" (Webster, 2012)-- a profound emotional, existential, spiritual, meaning-related reaction to loss-- criteria for a new form of grief have been proposed to support a diagnosis of *traumatic grief* as a psychological (physiological) disease that is, "a direct descendent of ... pathologic grief ... [and] has roots in attachment behavior, separation distress, and traumatic distress" (Jacobs, Mazure, & Prigerson, 2000, p. 185).

If alterations in emotions, sensations, perceptions, memory structures and processes, arousal systems, behaviors, and relational dynamics as material were not enough, a wealth of research working from this framework defines identity as a material entity, and argues that trauma shapes identity in profound and lasting ways. From a materialist framework, whether called identity, the self, the ego, consciousness, or the personality--like trauma--is grounded in the corporeality of the body, and is defined as the "enduring patterns of perceiving, relating to, and thinking about the environment and the self" (APA, 1994, p. 630).

In his chapter *Growth and Crisis in the Human Personality*, Erikson (1983) defines a healthy personality as one that "actively masters his environment, shows a certain unity of

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personality, and is able to perceive himself and his the world correctly” (p. 53). According to Erikson, the real, material foundation of the personality is unambiguous, “it is clear that all of these criteria are relative to a child’s cognitive and social development (p. 53)”. Even though his model is of Psycho-social development, Erikson grounds the self in materiality by considering it his task to “approach this question from the genetic point of view: How does a human personality ... grow?” (p. 53).

In contrast to Erikson’s model of the development of the integrated, agentic and insightful self, Nijenhuis, van der Hart, and Steele (2010) describe the disintegrated, dissociated, and detached self of trauma:

Failure to integrate traumatic experiences basically yields a structural dissociation of the pre-morbid personality into two mental systems ... the EP [emotional personality] that is essentially associated with re-experiencing the trauma, and the ANP [apparently normal personality] that has failed to integrate the experience, and that engages in matters of daily life (p. 5)

This controversial work conceives of the traumatized personality as split into (at least) two systems. The ANP, on the one hand, manages the functions of daily life and is therefore associated with avoidance of traumatic memories, detachment, numbing, and partial or complete amnesia. While the EP, on the otherhand, is responsible for the survival of the species and is stuck in the traumatic past, re-experiencing un-integrated aspects of the trauma when triggered. “While one may object to labeling structurally dissociated mental systems as personalities” (p. 2) both the AP and ENP meet the materialist DSM-IV-TR definition of personality presented above and are, “associated with a differential sense of self” (p. 2).

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Because traumatic events, effects and outcomes are all grounded in materiality, interventions will also be material, whether they address the traumatic event, symptoms or enduring effects. From this standpoint, interventions are various material doorways into the disorder of trauma. If trauma is conceived of as an external physical threat, the threat will be stopped, the person will be removed, and/or processes will be put in place to mitigate against future occurrence. If the threat is psychological, the ‘internal’ threat will be removed/resolved, symptoms will be treated, function will be restored at whatever level is possible, and prophylactics will be put in place to guard against future disease and dysfunction.

If the traumatic event was an ongoing relationship of physical and emotional abuse and neglect between a caregiver and a child, for example, numerous material intervention points could be pursued. If the traumatic event is the focus—in this case, the chronic and repeated application of overwhelming force and omission of appropriate support during a critical stage of human development -- physical distance could be put between the caregiver and child. Social services might remove the child from the threatening environment, press charges against the abusive caregiver, attempt to place the child in an environment where he will be safe and his material needs (e.g., food, clothing, shelter), and the likelihood of future threat might be alleviated.

If psychological symptoms and enduring effects are the focus, interventions will attempt to reverse, amend, or otherwise modify diseased processes of emotion, sensation, perception, memory, arousal, behavior, relational dynamics, and/or identity. For example, psychotropic medications may be prescribed to alleviate chemical imbalances associated with traumatic symptomatology. For example, memory processing and exposure therapies, when used from a

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materialist perspective, are seen to treat the dissociative processes that underlie and perpetuate trauma-related identity and consciousness, ‘rewiring’ the nervous system through integration of memory, emotion, cognition, and sensation: “Eye Movement Desensitization and Reprocessing (EMDR) therapies describe, “The bilateral stimulation [of EMDR] simulates [Rapid Eye Movement] REM sleep, which is when the brain naturally attaches meaning to experience...in EMDR treatment, the brain is assisted in resolving feelings, beliefs or experience not yet resolved though the brain’s natural process...negative feelings, beliefs or experience are \*\*\* reprocessed and new meaning is attached to the experience or triggers...the brain arrives at new conclusions.” (<http://EMDR.com>)

Attachment therapies are another example that, when engaged from a materialist frame can be seen to address the “ways in which the social environment (including relationships in childhood, adulthood, and the treatment milieu) changes aspects of the structure of the brain, and ultimately alters the mind” (Solomon and Siegel, 2003, p. xiii; Fosha, 2003; Naborksy, 2003). Finally, somatic interventions when applied from a materialist perspective are held in contrast to traditional psychotherapies that address the “cognitive and emotional elements of trauma, but lack techniques that work directly with the physiological elements, despite the fact that trauma profoundly affects the body and many symptoms of traumatized individuals are somatically based” (Ogden & Minton, 2000, p. 1).

I have reviewed in this section the elements of a “material” paradigm in which trauma is discursively constructed as a material event leading inevitably to a material effect whose symptoms and outcomes are recognized and treated as dysfunction or dis-ease. In the next section I will describe the second “mixed” paradigm.



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### **Trauma as Mixed**

When trauma is framed as a “mixed” phenomenon, it is portrayed as a material event coupled with a symbolic construction. While the initiating event is construed as material, just as in the previous category, what is unique about this paradigm is that the response is not fixed in materiality—that is, it is not an immediate, unreflexive, natural, and inevitable experience, wound, or effect of biology, physiology, or cognitions. As Smelser (2004) notes, “We are normally accustomed to think of some event—catastrophic natural disasters, massive population depletion, and genocide, for example—as in, by, and of themselves traumatic. They are nearly certain candidates for trauma, to be sure, but even they do not qualify automatically” (p. 36). Overwhelming and unexpected events are not inherently traumatic, they are rendered traumatic through social, cultural and communicative practices of meaning construction, “distress resulting from a traumatic experience is not due to the traumatic event per se, but the response attributed to, or meaning derived from the traumatic experience” (Denham, 2008, p. 395).

While in the previous category, the relationship between events and responses is unavoidable-- traumatic events *cause* traumatic responses--in this category, events and the responses that render them traumatic are linked through processes of social and discursive construction. For this reason, trauma is contingent rather than inevitable, “It is important to recognize that [potentially] traumatic events do not always result in psychiatric distress; individuals, as well as societies, differ in the manner in which they experience, process, and remember events” (Denham, 2008, p. 395). From a mixed perspective, trauma is not caused by events but by communication--the symbolic activity of cultural members engaged in meaning making processes and practices.

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Communication, as seen through a mixed lens is, in a word, constitutive. In contrast to a materialist view that holds “the essential elements of communication to be distinct individuals, their private thoughts and feelings and technical [and physiological] means of communication” (Craig, 2001, p. 125), a mixed conception of communication is the central or primary process and product of trauma’s construction. Thus, communication is fundamental to a mixed view as the basis and byproduct of meaning construction.

By rendering events traumatic, cultural actors make them meaningful. In contrast to materialists’ claims that ground the objective truth of trauma in the bounded solidity of physical, sensual reality, and define trauma as any overwhelming threat to the security, integrity, and power of the physiological and psychological self, trauma’s construction through the linking of a material event with a symbolic attribution produces a tension between materiality and the imaginary, defining trauma as an event that, while material must be *rendered* an overwhelming threat to the security, integrity and power-- not of human material existence and integrity-- but of human meaning-making activity.

From a mixed framework, meaning-- not physiology-- is the primary result of trauma’s communicative construction. As Gabriel (2008) notes, “Human beings can live through many troubles and sufferings but find the absence of meaning very hard to bear. Suffering itself becomes endurable if it is seen to have a meaning—as punishment, as test of character, as the result of moral failure. But senseless suffering can drive most people to despair” (p.179). Assigning meaning to an event is the central characteristics of a mixed paradigm, “this is what sets the human sciences, dealing with humans, their meaningful actions, and their quest for meaning, on a different course from the natural sciences, which address a universe that makes

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sense but is ultimately without meaning” (p. 179). This is not to say that meaning doesn’t ‘exist’ in a material paradigm. The paradigms do not have different ‘contents’ they are simply lenses through which we conceptualize the same phenomena through different philosophical lenses.

For materialists, meaning is understood at the level of the individual-- as a systemic physiological or neurological process in which individuals make meaning through information processing. When the nervous system is framed as a whole-body system, meaning making is understood as a mind/body process involving movement, touch, music, and so on. When the brain is emphasized as the organ of meaning, meaning is equated with learning, neuronal wiring, re-wiring, and integration activities like those associated with deep rapid eye movement (REM) states of sleep and dreaming.

For mixed scholars, however, meaning is central to trauma’s construction, but not just any kind. In order for an event to be rendered traumatic communicatively, it must be framed by talk and practice in a particular way-- as extreme, destructive, and unexpected. “Cultural trauma occurs when members of a collective feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (Alexander, 2004, p.1). The term ‘feel’ as Alexander uses it does not signal the operation of individual sensation as in common (material) vernacular, rather it describes a cultural process of interpretation. From a mixed standpoint trauma is not the unavoidable and inevitable consequence of a particular kind of event-- a product of material cause and effect-- but is instead the result of collective and communicative meaning-making activity, of the “successful imposition of a new system of cultural classification” (p.10).

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While meaning is central to trauma's construction as it both results from and precipitates ongoing linking of a traumatic explanation with a material event what makes trauma different from other products and processes of meaning construction is that its linking hinges on the abrupt and violent destruction of native meaning and its replacement with competing, often counter-intuitive (traumatic) attributions, "Only if the patterned meanings of the collectivity are abruptly dislodged is traumatic status attributed to an event" (Alexander, 2004, p.10). Thus, "It is the meanings that provide the sense of shock and fear, not the events themselves" (p. 10).

When viewed from a mixed paradigm, there are four 'levels' of traumatic construction—individual, collective, conscious (or at least not unconscious), and unconscious. When the conscious individual is foregrounded, they are embedded as a member of a particular culture, language community, relationship, or interactive context. As Gergen (1985) makes plain: "Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live" (p. 15). This emphasis on the constructive work of individuals in interaction is founded on the view that, "Individual minds are not the source of knowledge, but communities—people in relationship" (Gergen & Gergen, 2003, p. 2). Individual interpretations of trauma, on this account, are not a private psychological achievement but a social and discursive one, both in terms of the communicative processes by which they are constructed as traumatic and the set of available discursive resources that enable such an interpretation. "We experience our body in what seems like a fairly immediate way—we feel pain, we experience tiredness and hunger—but all these sensations are filtered through discursive structures which assign particular meanings and effects to them (Mills 55, 56). While Mills is not concerned with individual constructions of

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trauma per se, he unravels body sensations (commonly assumed unmediated in their significance and central to traumatic construction) from their interpretation, explicating their discursive entwining.

When the conscious collective is emphasized in the linking of a material event with a traumatic attribution, trauma is understood as a cultural process, a “dramatic loss of identity and meaning ... affecting a group of people that has achieved some level of cohesion” (Eyerman, 2001 p. 1). In contrast to material trauma that threatens the physical integrity of the body and thus the self, cultural trauma “denotes the impact of events that produce severe ruptures in social cohesion and threaten the stability of these cultural narratives (Houston Grey, 2009, p 174).

While cultural members are generally unaware that they are constructing values, norms, identity, and the like or how they are doing it discursively, they may also be scholars actively campaigning for the legitimation or de-legitimation of an event as traumatic or the recognition of trauma writ large. Herman (1992) at once points to and enacts membership in such a form of social, cultural, and political action:

The study of psychological trauma has a curious history—one of episodic amnesia ... [it] does not languish for lack of interest. Rather, the subject provokes such intense controversy that it periodically becomes anathema ... to study psychological trauma means bearing witness to horrible events ... [it] therefore depends on the support of a political movement. (p. 7-9)

From a mixed perspective, the third level at which trauma can be constructed is the unconscious individual. In contrast to the notion of unconsciousness in the materialist sense (i.e. as a traumatic brain injury or byproduct of physiological processes of dissociation), the

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unconscious, from a mixed standpoint refers to symbolic process of denial or repression whereby unacceptable or anxiety-provoking experiences defy linking because the events which they signify operate so far outside the realm of individual expectation that no attribution can be made—at least, not at the time the event is taking place.

Laplanche, for example, in detailing his analysis of Freud's seduction theory, traces the construction of trauma as the linking of a material event with an interpretation 'through' the unconscious across time:

Freud himself never understood seduction as simply outside, or trauma as simply outside, but as a relation between external cause, and something like internal cause...trauma consists of two moments...first, there is the implantation of something coming from outside. And this experience, or the memory of it, must be reinvested in a second moment, and then it becomes traumatic. It is not the first act which is traumatic, it is the internal reviviscence of this memory that becomes traumatic. (Caruth, 2001p. 1)

The internal reviviscence Laplanche describes is not a material place inside the individual where the original event is stored then re-experienced chemically or physiologically, rather it is a metaphor that works to stretch the process of linking across time. The 'second moment' to which Laplanche refers points to the latency of meaning's construction until such time as there are sufficient discursive resources to render the event traumatic.

Finally, in addition to various emphases on the conscious individual, unconscious individual, or the conscious collective, scholars looking through a mixed lens also trace trauma as a construction of the collective unconscious. When the concept of the unconscious collective

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is brought into view, the predominant image of trauma is profound isolation. “What precisely made a Holocaust out of the event is the unique way in which, during its historical occurrence *the event produced no witnesses*” (Laub, 1992, p. 81). Laub asserts the cause of isolation as both a collective unwillingness leading to an impossibility of seeing. Here, seeing is more than a visual exercise, it is a discursive performance “A witness is a witness to the truth of what happens during an event”, yet such witnessing could not have been enacted at the time the event occurred, “The inherently deceptive and psychologically incomprehensible structure of the event precluded it’s own witnessing, even by its victims” (p. 80). Laub (1992) sees the holocaust through a material and mixed frame simultaneously. He represents the trauma as both a material event--the truth of which must be witnessed by another-- and a totalizing discourse that must be witnessed and linked together by an internal “other”.

Whether individual, collective, conscious or unconscious, three ways that mixed scholars describe the process by which cultural members attribute traumatic status to an event are: (1) interpretation; (2) representation; and (3) sense making.

According to every day usage (1995), interpretation is “the action of explaining the meaning of something” or “the establishment of meaning”. While both definitions emphasize the processual nature of interpretation as a symbolic response linked to a material object, meaning is not a material phenomenon, as in the previous category.

McHoul and Grace (1983) can be used to illustrate this point:

Structuralism ... in the work of the anthropologist Claude Lévi-Strauss, attempted to find the ‘deep’ or ‘hidden’ structures (taxonomies and hierarchies) at the very base of myths (such as the Oedipus myth). It tried to discover, by means of

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a *reductive* analysis, the objective and universal constituents of all human thought. In a structuralist analysis, there is no room for local or distinctive interpretations of a myth. The particular mythic text, collected ‘in the field’ by the anthropologist, is useful only as ‘data’ to confirm or disconfirm the supposedly underlying mythic *structure*. (p. 1)

Use of the terms deep, hidden, structures, base, objective, universal, and data could be read to suggest that meaning is a thing to be ‘discovered’ or ‘unearthed’ from ‘inside’ events or from ‘the depth’ of human thought or experience, yet these words are not to be taken literally as they do not describe objects or structures in the material sense. Instead, they are metaphors—linguistic symbols that stand in for and thus point to symbolic processes of social and discursive attributions. Once a traumatic interpretation is linked to a material event, that event becomes meaningful as traumatic.

When interpretation is conceived as the process by which the meaning of an experience is discovered or unearthed, trauma is viewed to be an inherent structure or type, thus a material construction. Not all theorists see it this way. “Phenomenologists,” for example, according to McHoul and Grace (1983), “believe that the objective world described and analyzed by structuralists is in fact a product of human consciousness and its interpretive processes” (p. 1). Rather than the world having “objective structures”—these theorists see the “material world” as being created by “acts of consciousness, which produce local, and often highly specific, readings of texts” (p. 1).

When multiple attributions or interpretations are strung together, a tension between the real and the imagined results. Drawing from the work of psychoanalyst Jacques Lacan, Ragland-



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Sullivan (2001) discuss how traumatic symptoms, “knot together each individual unit of real/symbolic/imaginary material into a vast, elaborate signifying necklace of associated images, words and affect that produce the meanings we live by” (p.2). For this reason, the knot is “central to any interpretation of trauma, insofar as it ultimately resides in the real, while retaining properties of each of the other orders of meaning” (p. 2).

The tension caused by linking real material events with symbolic/imaginary interpretations is perhaps experienced no more profoundly than by victims of trauma who attempt to make sense of seeming senselessness. As the combat veteran Timothy O’Brien (1990) describes:

For the common soldier...war has the feel-- the spiritual texture-- of a great ghostly fog, thick and permanent. There is no clarity. Everything swirls. The old rules are no longer binding, the old truths no longer true. Right spills over into wrong. Order bleeds into chaos, love into hate, ugliness into beauty, law into anarchy, civility into savagery. The vapors suck you in. You can’t tell where you are, or why you’re there, and the only certainty is overwhelming ambiguity. (p.88)

From a mixed perspective, extreme human suffering is uniquely and overwhelmingly devoid of innate meaning and thus challenges our individual and collective capacity to make sense of it.

Scholars taking a social and discursive view of trauma as the linking of a material event with a traumatic construction alternatively choose the term sensemaking. According to Weick (1995), “A focus on sense making induces a mindset to focus on process, whereas this is less true with interpretation. The act of interpreting implies that something is there, a text in the world waiting to be discovered or approximated. Sensemaking, however, is less about discovery

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than it is about invention” (p. 13). Because it doesn’t carry the dominant material and cognitive legacy of interpretation, sensemaking is used by mixed scholars to emphasize the discursive and intersubjective processes and practices by which cultural members make sense of seeming senselessness. As Weick states, “To engage in sensemaking is to construct, filter, frame, create facticity, and render the subjective into something more tangible” (p 13). Through its pairing with concepts like construction and creation, sensemaking evokes images of participation, action, and engagement with meaning, “Individuals are not seen as living in, and acting out their lives in relation *to*, a wider reality, so much as creating and sustaining images of a wider reality...they realize their reality by ‘reading into’ their situation patterns of significant meaning” (Morgan, Frost, & Pondy, 1983, p.24).

Representation is the third way that trauma is constructed through its construal as unexpected, destructive, and extreme. When the individual is emphasized, representation is associated with ‘internal’ processes, impressions or images; when the collective is emphasized, representation is famed as process and product of communal, ‘external’ practices.

When mixed claims emphasize the individual in the symbolic formation of trauma, they tend to draw from theories of social constructivism (Delia, 1977; Delia & O’Keefe, 1978) informed by the work of Jean Piaget. Because Piaget was a developmental psychologist, it might be assumed that this brand of constructivism has its roots in a cognitive and thus materialist paradigm, but this is not the case. While, according to Piaget (1951), internal signifiers are thoughts and images, “In its broad sense representation is identical with thought, i.e., with all intelligence which is based on a system of concepts or mental schemas and not merely on perceptions and actions” thoughts and images are emblematic, not materialist in nature, “In its

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narrow sense, representation is restricted to the mental or memory image, i.e., the symbolic evocation of absent realities” (p. 62). Here, Piaget asserts the symbolic, not physiological or biological quality of individual mental representations.

From an individualist-oriented mixed perspective, human actors assign traumatic meaning to events that sever fundamental representations of self, other, and how the world works: “Victimization often results in the shattering of basic assumptions persons hold about themselves and their world ... assumptions [that] are moderated by cultural beliefs, customs and the social organization of the survivor's root culture” (Amendolia, 2000, p. 2). Although the individual is emphasized, from a mixed perspective representations are nonetheless constructed in cultural context.

When mixed claims emphasize the collective in the symbolic formation of trauma, they tend to draw from theories of social constructionism. For social constructionists, representation is the process or set of practices by which cultural members produce and express meaning through language (Hall, 1997). Although language refers to concepts, images, ideas, sounds, expressions, and any other practice that enables a group of people to think, feel, and thus interpret the world in roughly similar ways, these concepts, images and ideas are not the primary process but rather the product of social and discursive activity. As Hall notes, “Thinking and feeling are themselves ‘systems of representations’ in which our concepts, images, and emotions ‘stand for’ or represent, in our mental life, things which are or may be out there in the world” (p. 4). Thus, mental/material phenomena do not manufacture meaning, rather they are the outcome of symbolic processes and practices.

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From a mixed perspective, once trauma has been constructed through the linking of a material event with a symbolic construction, meaning results. When the resultant meaning is drawn upon culturally and collectively to perpetuate new forms of meaning we think of it as language or discourse. When we isolate the flow of meaning to the individual language user, we think of it as thought. In either case, because the result of this linking is meaning, mixed outcomes are always enduring symbols or forms of meaning.

Thus, there are two central types of mixed traumatic outcomes, thoughts and language. From a mixed paradigm, thoughts and language are the same thing because thoughts are language that has been 'internalized' through self-persuasion. As Burke (1950) argues "A man can be his own audience insofar as he, even in his secret thoughts, cultivates certain ideas or images for the effect he hopes they may have upon him. He is here what Mead would call an 'I addressing its me'; and in this respect he is being rhetorical quite as though he were using pleasant imagery to influence an outside audience rather than one within" (p. 38). In contrast to a materialist view of thought, which esteems it as the primary cognitive process underlying nearly all human action and interaction, mixed scholars assert the primary role of symbolic attribution, ascription, and explanation in the formation of trauma (as well as any and all other forms and systems of categorization or reality).

Thoughts and language act as the primary process by which we create what we believe to be true (or good) by linking events and traumatic outcomes. This process occurs in three steps: first, an event happens; second, thoughts, images, expressions, and other symbolic activity and systems of symbols arise in proximity to that event; and, third; people choose particular symbols and symbol systems (language and meaning systems) from this flurry of activity to explain the

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event. From a mixed perspective, this meaning-making process—whether described as interpretation, representation, or sensemaking-- is not generated and circulated in a closed system ‘inside’ individual and autonomous brains, bodies, or minds, but is constantly taking place socially—whether consciously or unconsciously, even when we label it thought. For mixed scholars, all human symbolic activity is linguistic or discursive—even trauma. While humans construct trauma through language in this way, a mixed perspective sees language as primary process and product. In other words, language is both the mechanism by which events become linked to traumatic responses, and a result of such linking. As Burke (1966) famously put it, man is "the symbol-using (symbol-making, symbol-misusing) animal". Humans not only use language to construct events as traumatic, they also create the very language that makes such construction possible.

While trauma-related thought/language can be understood as the central process and product of trauma’s construction, there are a number of important and varied ways that trauma-related language inflects to produce and shape a variety of enduring discursive performances and practices, including traumatic: (1) Memories--flashbacks, nightmares, memorials and other forms of remembrance; (2) emotions; (3) pain; (4) beliefs; (5) identities; (6) repetitions and re-enactments; (7) historical accounts and other forms of narrative; (8) art, literature and music; (9) culture; and (10) laws and policies.

From a mixed paradigm, traumatic memory is not an automatic, involuntary, physiological effect or outcome of an overwhelming stimulus, it is instead a social and symbolic response or reaction to a material event that goes on to stand in for the original event. Memory ‘becomes’ the event through representation. From a mixed paradigm, traumatic memory revisits

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or returns to the earlier time not by repeatedly triggering the production and distribution of particular chemical flows and neuronal patterns associated with that event, but by creating, re-creating, and re-enacting those meanings that have been associated with that event.

In contrast to a materialist stance, which holds that traumatic events are inherently meaningful (physiologically overwhelming, threatening, and so on), a mixed view argues that meaning is not inherent to events, but that events, objects, and people are made meaningful through processes of symbolic construction.

From a mixed standpoint, traumatic memory, in order to stand in for the original material event and facilitate the repeated construction of a traumatic attribution, must involve some material act of remembering. This physical act may manifest as unconscious performances and re-enactments, or take some form of conscious remembrance, such as memorials, speeches, and other public and private forms of memory and commemoration. As Eyerman (2004) states, “As cultural process, trauma is linked to the formation of collective identity and the construction of collective memory... While some event may be necessary to establish as the significant cause, its meaning as traumatic must be established and accepted, and this requires time to occur, as well as mediation and representation” (p. 61). While he uses the term ‘cultural trauma’ to describe what I am calling a mixed perspective, Eyerman nonetheless points to both the symbolic and material character of traumatic memory, and distinguishes it from a strictly materialist perspective.

From a mixed frame, traumatic emotions do not occur in an unmediated fashion because they are not a material process. Instead, emotions of shock, terror, and repulsion are narratives of overwhelm affixed to physical sensations—constrictions, vibrations, forces, and flows. This

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is not an easy concept to grasp as it represents a subtle shift of meaning that stands in sharp contrast to our dominant mode of conceptualizing emotion and the causal relationship between events and emotions, as traumatic events are understood to be traumatic in large part because *they are* overwhelming and thus they *will cause* overwhelm.

According to common usage, trauma is “an emotional shock that creates substantial and lasting damage to the psychological development of the individual, generally leading to neurosis; something that severely jars the mind or emotions” (Webster, 2012). In this conceptualization, a response of shock is the defining characteristic of trauma. Without shock, there is no trauma. While this definition can be interpreted as either evidence for a materialist view of shock as the unmediated and unavoidable effect of a material event, or as illustrating a mixed orientation to trauma as a symbolic response to a material event, it is largely assumed to mean the former.

Yet an understanding of trauma as both a material event and an unavoidable emotional response to that event has not always been taken for granted. The term trauma is Greek in origin, and originally meant to physically wound, disturb, or pierce the corporeal boundary (Garland, 1998; Leydesdorff et al., 1999). Over time, it’s meaning has been expanded “to incorporate the emotional insult or shock to the mind resulting from physical and/or emotional injury” (Denham, 2008, p.395), dissuading a mixed reading trauma-related emotions as socially and discursively constructed.

In their glossary of psychoanalytic terminology and concepts, Moore and Fine (1990) define trauma as: “The disruption or breakdown that occurs when the psychic apparatus is suddenly presented with stimuli, either from within or without, that are too powerful to be dealt with or assimilated in the usual way. A postulated stimulus barrier or protective shield is

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breached, and the ego is overwhelmed and loses its mediating capacity” (p. 199). While the terms *apparatus*, *barrier*, and *protective shield* could be interpreted as symbolic responses, Moore and Fine conclude by grounding the effects of trauma in physiological terms: “A state of helplessness results, ranging from total apathy and withdrawal to an emotional storm accompanied by disorganized behavior bordering on panic. Signs of autonomic dysfunction are frequently present” (p. 199). A move that may suggest the force of a material perspective on even the most symbolically-steeped of scholars.

In the same way that traumatic emotions such as shock and terror are not viewed as automatic and unavoidable but as a symbolic response linked to a material event, so too pain is a discursive/thought form fixed to a sensation or pattern of sensations through communicative attribution. While it may seem even more counter-intuitive to consider pain a symbolic form than emotions, a few mixed scholars do contend that dominant discourses of pain are communicative constructions. Schuiling and Samselle (1999), for example, in their examination of comfort in labor, challenge exclusively corporeal conceptions of pain as they assert that, “Labor pain, like all pain, is both physiological and psychological” (p. 77). Here, the term *psychological* is used in a symbolic sense, as the ability of a woman to dynamically adjust her perceptions and interpretation of pain in order to actively modulate her experience and manage the birthing process. “Maternal confidence may act independently in reducing pain {and it is] ...comfort and care measures appear to be variables that would increase maternal care.” (p. 78). While “Comfort and labor may seem to be paradoxical ... the absence of pain is neither necessary nor sufficient for one to experience comfort” (p.77).



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According to Schuiling and Samselle (1999), comfort can exist in spite of great pain, and that “Increasing comfort can redefine the meaning of pain in childbirth ... [potentially creating] a decreased need for medical interventions and lower costs” (p. 77). Comfort is a: “state of being and a state of mind. The perception of comfort is individual, gendered, and multidimensional. It is relative to time, space, and magnitude” (p. 79), and is neither trans-historic nor trans-cultural: “Women who are comforted in labor may be able to transcend their pain”, and that “Transcendence differs from other aspects of comfort because it necessitates patients’ participation and is dependent on their performance and potential to overcome pain or disability” (p. 78). Schuiling and Samselle’s conceptions of meaning and performance are consistent with a mixed paradigm, as discursive—not materialist-- processes and practices.

Traumatic beliefs, like memories, emotions, and pain are also not ‘internal’ material (mental, emotional, physiological) states, nor ‘external’ truths, but are enduring discursive reactions/responses that when discursively ascribed to material events constitute them as traumatic. In the vernacular, belief is the “conviction of the truth of some statement or the reality of some being or phenomenon especially when based on examination of evidence” (Webster, 2012). By extension, a traumatic belief is the conviction of the truth of some trauma-related statement or the reality of some trauma-related being or phenomenon”. For mixed scholars, conviction, belief, knowledge is not an innate property of a material event or response, but is socially constructed. As Gergen (2003) asserts, “Social [communicative] constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live (p.15). From a mixed perspective, beliefs are the terms in which the world is understood, and these

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terms “Are social artifacts, products of historically situated interchanges among people” (p. 15).

As Gergen continues, “the process of understanding is not automatically driven by the forces of nature, but is the result of an active, cooperative enterprise of persons in relationship (p. 15).

The extent to which to which a given form of understanding such as a belief “prevails or is sustained across time is not fundamentally dependent on the empirical validity of the perspective in question, but on the vicissitudes of social processes (e.g. communication, negotiation, conflict, rhetoric) (p. 16)

Whether a material event is believed to be (and thus defined as) traumatic is not an objective empirical matter but a discursive one. To borrow from Gergen (2003), whether an event is attributed the status of trauma, “floats on a sea of social interchange ... to treat depression, anxiety, or fear as emotions from which people involuntarily suffer is to have far different implications than to treat them as chosen, selected, or played out as on a stage (p.16). Alexander (2004) concurs that belief is pivotal, not in the objective but subjective sense, “Traumatic status is attributed to real or imagined phenomena, not because of their actual harmfulness or their objective abruptness, but because these phenomena are believed to have abruptly, and harmfully, affected collective identity” (p. 9). From a mixed perspective, language is not a representation of, or route to internal traumatic mental states or conditions such as attitudes, beliefs, emotions, and memories, rather trauma-related beliefs and systems of belief are linguistic.

From a mixed perspective, traumatic identities are formed when people represent a material event as extremely destructive, shocking, and overwhelming, then ascribe that same destruction, shock and overwhelm to other people, or to oneself through signifying the

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relationships of people to the event and to each other. For example, if a mother and two children are hit and killed by a drunk driver while walking home from school one afternoon, community members who make sense of the incident will do so by assigning meaning to the event and related actors. The incident will be characterized as traumatic—a tragic and shocking loss to the family and community. The mother and children will be described as innocent victims; the father and remaining children will be regarded as both victims and survivors of a senseless offense, and the drunk driver will be classified and treated as a perpetrator and potential future threat to the community who could also be portrayed as an exemplar for others tempted to drive drunk. If one of the victims is saved thanks to a neighbor calling 911, the neighbor and responding medical technician will be rendered heroes, and anyone who steps in to help raise the children will likely hold the status of rescuer.

Trauma-related identities are like other identities in several important ways. First, they are constructed through the discursive linking of a symbolic attribution to a material event that is then assigned to a person or collective through the attribution of their relationship to the event and each other. Second, they take the form of self or selves and other. And third, they rely on the dialectic of self/other -- the status of victim requires a perpetrator, a rescuer must have some one to rescue, and a hero needs a worshipper.

Traumatic identities are, at the same time, different from other identities in a number of important ways. First, because they are constructed in times of chaos and calamity, traumatic identities centrally involve the destruction of a previous identity and the reformation of that identity, the construction of an alternate, and perhaps even the re-organization of the entire landscape of one's identity. In the case of early life traumatic self/other constructions, identity

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formation can also be interpreted as a violent process, as the traumatic identity is established where previously there was no identity.

Second, traumatic identities are different than non-traumatic identities in that they are fundamentally and centrally engineered to act as a protective barrier against past and future threat—whether in the form of historical events and people or credited with enough similarities to warrant that one guard against the disorientation produced by interactions with estranged others (Caruth, 2001).

Third, trauma-related identities are unique to other identities in that they are formed under highly charged adverse emotional conditions. Shock, fear/terror and helplessness are characteristic symbolic responses to the attribution of threat of enduring or extreme pain, physical death, and/or loss of the boundary of the self/other—whether corporeal or symbolic.

The working of such strong adverse emotions on identity formation results in high levels of investment and identification, as much is represented to be at stake. The presence of such extreme levels of investment is the fourth characteristic of traumatic identities that make them unique to other identities. Identification, in the case of traumatic identity, is the process by which a relationship to a traumatic event is interpreted as me or mine. For example, regarding the events of 9/11, many Americans came to believe by repeatedly watching the media coverage and graphic imagery of the twin towers falling under the weight of smoke and flames, that they were “victims” of the attack. Even though they weren’t actually in the buildings, knew no-one who worked there, and perhaps had never even set foot in New York City, many Americans (and non-Americans alike) Identified with a discourse that encouraged them to adopt this self-understanding and imagine that they just as easily could have been trapped on the eighty ninth

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floor when the plane hit, or that they could have held a seat on flight 93 when control of the plane was fought over, and the passengers and crew were brought to the ground in a violent crash of exploding metal.

Fifth, because of the degree of perceived threat to individual and/or collective integrity and survival, and the emotional intensity of the response to such threat, traumatic identities are powerful in their relentless reaffirmation, reification, and reconstruction of the very traumatized/traumatizing self, other, and event they aim to protect against. “Given the hyper-reality that trauma produces in both individual memory and cultural narratives, it can become the lynchpin of one’s identity” (Houston Grey, 2009, p. 185). As Houston-Grey suggests, traumatic events and identities are not only persistent but often become central organizing principals for individual and cultural histories and identities.

Finally, because traumatic identities and events are reconstituted incessantly and with such intensity, they are very difficult to question or modify. As Sattler explains, one way traumatic events and identities are reconstituted is through the identification (bonding) that forms between victims and perpetrators (famous Stanford Prison Experiment) and victims and rescuers “victims and rescuers frequently created a powerful relationship with the event and the individuals with whom they shared it during the aftermath of the terror attacks of 9/11” (Houston-Grey, 2009, p.180).

To summarize, I have reviewed in this section the elements of a “mixed” paradigm assigning to trauma the status of a material event linked to a symbolic construction through constitutive process of interpretation, representation, and sensemaking. In the next section I will describe the final and third “symbolic” paradigm.

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### Trauma as Symbolic

From a purely symbolic perspective, trauma is neither a material event causing a material response, nor is it a material event rendered traumatic through its linking with a symbolic interpretation. Instead, trauma requires no event at all; it is a non-event brought into being through discourse. It may be difficult to accept that trauma can operate as a discourse in the absence of an objective material event as a warrant for veracity, yet a symbolic discourse of trauma functions the same as any other discourse-- it constructs a reality for its speaker. The reality a purely symbolic discourse constructs comes into being not only through an expressed claim of trauma as an event, but also through the operation of entailments—identities/subject positions (e.g. victim, perpetrator, rescuer, witness) and other enactments that co-arise with, co-create, and re-create the reality of trauma for a speaker.

A symbolic discourse of trauma has been difficult for scholars to know what to do with, and so has been largely overlooked or relegated to the realm of the unreal, illegitimate, or dangerous. Pasupathi (2001), for example, skillfully articulates the subtleties between “talk”, “conversation”, “stories”, and “narrative” yet stops short when pointing to communication that does not include “facts and interpretations of those facts” (p. 652). By restricting his focus to “conversations with other individuals about past events” and excluding “*internal or imagined dialogues*”, Pasupathi avoids consideration of communication about the past that “cannot be confirmed by someone else also present at the event” (p. 652), thereby leaving symbolic communication of trauma unexamined.

Rather than avoid, some scholars fear the operation of a symbolic discourse, warning that it is politically dangerous, “With the materiality of discourse at their center, poststructuralist

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theories of discourse and power are to varying degrees anti-realist (relativist) and anti-materialist (idealist)" (Cloud, 1994, p. 142). For Cloud and other critical scholars, a symbolic discourse of trauma is problematic because it is relativist, idealist, and non-dual— three qualities that make a symbolic discourse and those that enact it impervious to critique. First, the relativism of a symbolic discourse is seen as threatening because if, “reality is malleable and subject to interpretation” then the truth or falsity of a symbolic discourse and the interests it may serve “cannot be adjudicate[d]” (p. 153). Second, from a symbolic perspective, power is neither negative nor repressive, “to speak of oppression within this framework can no longer make sense”. Instead, power is understood as “fluid, unstable, existing in shifting networks of discursive control (Foucault, 1980, pp. 92-97)”. Finally, from a symbolic perspective, a distinction between the “real” and the “symbolic” cannot be made, “The oppositions material-ideal and real-ideological are completely collapsed into one another, so that the distinction between ideology and reality, superstructure and base, no longer have meaning. The materialist project of demystification is abandoned in the process” (p. 153).

The relativism, idealism, and non-dual character of a symbolic discourse are deemed threatening by some scholars because the moral and ethical assumptions operating within the material and mixed paradigms no longer apply. The fear is that chaos will prevail. According to Cloud (1994), “When one lets go of the distinction between material reality and the ideal or ideological, the social structure ceases to be recognized as a set of material power relations but becomes instead a set of competing reality definitions that are unfixed, free-floating, and malleable regardless of the material circumstances in which one finds oneself”, thus one construct cannot be privileged as more real, or morally or ethically superior over another.

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“Further, when discourse counts as material, emancipation is seemingly possible in "mere talk," the construction of counter-hegemonic articulations of "the people." The risks of such a view are idealism (as described above), political relativism, and the endorsement of a merely descriptive critical project” (p. 154).

While some scholars and practitioners are unaware of or avoid a symbolic discourse and others fear it, there are still others who engage it. R.D. Lang, is one such scholar who became a well-known figure in the anti-psychiatry movement of the 1970s because of his stance against a materialist view of mental illness, his work extending Bateson’s notion of the ‘double-bind hypothesis’ and his controversial practices of entering into and de-mystifying discursive performances of schizophrenia. Portraying madness and its treatment symbolically, Lang (1969) writes, under the heading “The situation has to be discovered”:

No one in the situation may know what the situation is. We can never assume that the people in the situation know what the situation is. There is no a priori reason to believe or disbelieve a story anyone tells us. Different people usually have different stories about a situation. A psychiatric "history" of the situation is a sample of the situation. (p. 33)

Lang de-centers the notion of an “event” through his circular discussion of “the situation” and, in so doing induces the ontological uncertainty of both “working with” and “being in” symbolic reality.

In contrast to a material or mixed paradigm, which hold a material event as the cause or referent of trauma respectively, a symbolic discourse needs no event. It is an *idea infused with meaning*, a ‘systems of thought’ steeped in traumatic meaning. In the work of Foucault, these systems of thought came to be known as *discursive formations*. From a symbolic perspective,



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discursive formations do not describe cognitions or social representations of material events, but are purely symbolic creations, “Object[s] in their own right, regardless of their thinker” (McHoul & Grace, 1993, p. 11).

A traumatic discourse is infused with meaning through its enactment or embodied performance of talk and behavior. As Hall (1992) notes, “The concept of discourse in this usage is not purely a ‘linguistic’ concept. It is about language and practice. It attempts to overcome the traditional distinction between what one says (language) and what one does (practice) (p. 72). Because, from a symbolic perspective, embodied enactments of trauma are not based upon a material event, trauma is best described as a *discursive performance*, an “illusion ... discursively maintained” by “words, acts, and gestures” that “enact or produce” (Butler, 1990, p. 136) that which is named.

Since no material event provides warrant, a discursive performance of trauma is neither true nor false-- it is simply enacted. Yet, this performance constructs a “truth” for its speaker, a multi-faceted traumatic holograph that is real for the one enacting it even if incomprehensible or frightening to those outside the discourse. Traumatic reality thus emerges from and is sustained by the enactment of co-arising *entailments*. Entailments describe the relationship between two statements or claims where the truth of one (claim A) requires the truth of the other(claim B). For example, If I claim that I have been physically abused by my partner, the declarative performance of physical abuse creates: (A1) a self-identity (e.g. traumatized victim); (A2) an Other (e.g. abuser, rescuer, co-conspirator); (A3) a traumatic event (abuse); (A3) and also invents a discourse of: (B1) power; (B2) oppression (B3) freedom from oppression, and so on. In this sense, the object becomes a system of intertextual discourse events.

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While the variety of entailments that create and are created by a symbolic performance of trauma may be countless, those central include enactments of: (1) self; (2) other; (3) power, and (4) memory. From a symbolic vantage, the self does not describe an individual physiological or cultural identity, but a *subject-position*. In the previous example, by enacting the role of abuse victim, I simultaneously invent a powerless and oppressed self, a powerful other, and a memory of an event of abuse, and so on. The victim self or ‘subject’ is produced through the discursive performance in two different ways. First, the discursive performance produces a ‘subject’- a figure who personifies/enacts/embodies the traumatic knowledge which the discourse produces. Then, the act of subjection produces a *position*, “the discourse also produces a place for the subject ... from which its particular knowledge and meaning makes most sense” (Hall, 1992, p. 80). In order to perform the discourse of victim, we locate ourselves in “the position from which the discourse makes most sense” (e.g. “I am a victim”) and thus become its ‘subjects’ “by ‘subjecting’ ourselves to its meanings, power, and regulation” (p. 80).

It is just as possible to perform an alternative discourse, which also then alters the system of reality or texts invented through that discourse, as Hall (1992) describes, “It is not inevitable that all individuals in a particular period will become the subjects of a particular discourse in this sense, and thus the bearers of its power/knowledge” (p. 80). If, for example, I perform a discourse of powerfulness rather than powerlessness—a discourse in which I cannot be harmed because I am not the body but a non-material entity or process, then regardless of another’s’ actions, there is no such thing as oppression, one who to oppress, and no one to be oppressed. Just as the performance of a discourse enacts a subject-position, it also calls an Other into being. When, for example, I perform the discourse of victim I also simultaneously invent a perpetrator.

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When another subjects themselves to the position of perpetrator being hailed by my performance, they too are performing a self, an Other, and a reality.

From a symbolic perspective, power is also discursively embodied and enacted. Not something that a person or group of people possess and wield, power is instead relational- a discursive entailment located “between” subject-positions, “Foucault ... does not ask: who is in power? He asks how power installs *itself* and produces real material effects; where one such effect might be a particular kind of subject who will in turn act as a channel for the flow of power itself. (McHoul & Grace, 1993, p. 21). To continue my example, in order to perform a discourse of victimhood I must enact helplessness in relation to a perpetrator. Power is thus an entailment of the discourse I am performing, not a characteristic of people or events. “Power” according to McHoul and Grace (1993), is not to be read, “in terms of one individual’s domination over another or others; or even as that of one class over another or others”.

From a symbolic perspective, interventions do not require that we remove the traumatic material cause of a wound as in the material frame. Nor, as mixed scholars hold, should we seek the truth of a material event to create the proper, most helpful, or most ethical interpretation of that event, as no such events exist. Instead, from a symbolic perspective, the overarching goal of intervention is to realize that there is, in some sense, no “intervention”, no way of speaking from outside the traumatic discourse or attempting to insert some “knowledge” or “truth” into the discourse from outside the discursive field, as Foucault (1972) asserts “nothing has any meaning outside of discourse (p. 32). In other words, a discursive performance can only be intelligible as it is understood in an embodied way and thus inside the discourse in which it is being performed. For this reason, there is no way of operating as an “expert” with some reality to impose upon the

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performer that is better or more true, that one “has” and another does not. “Discourse, Foucault argues, constructs the topic. It defines and produces the objects of or knowledge. It governs the way that a topic can be meaningfully talked about and reasoned about” (Hall, 1992, p. 72). From this perspective, the speaker is the expert of their own traumatic subjectivity-- of the logic and embodied reality of the discourse they are performing and the multiplicity of entailments.

Use of the term intervention implies that when a person performs a traumatic discourse there is something wrong that needs to be altered in some way to make it right. But, from a symbolic perspective there is nothing wrong, no truth and no falsity in the discourse or the performer to be adjudicated. This does not mean that something may not need to be done, but if there is an action to be performed, it can only be understood after one has entered the discourse.

Every discursive performance describes and inscribes a logic, a holographic system of entailments that invents a world, a reality for the speaker, until such time as the performer enacts some alternative discourse. The world of each discourse can only be understood inside that particular discourse. In order to understand, one must respond rather than react either to the discourse or to the self/subject performing it. A discursive performance of trauma is not the effect or interpretation of a material event, it is instead performance hailed symbolically by a discourse and, more specifically, by a particular subject within the discourse. While a person enacts a subject position, it is the discourse, not a material event that is acting upon them. Responsivity then, from a symbolic perspective, means entrance into and embodied enactment of the discursive world of another as a witness, perpetrator, rescuer, victim, or some other subject-position or combination of subject positions,

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In order to enter the discourse, one must first accept the performances and realities being invented on their own terms as *true* and *right*, with no search for or need for a material event as warrant for truth, to surrender to the discourse. Any search for truth or moral rightness or certainty will simply position the “self” as a subject in some other discourse enacting some other subject position (thus preventing entrance). Conceived of from a materialist paradigm, these processes of acceptance, empathy, engagement, attunement, or compassion are physiological, but from a symbolic perspective, engaging another by consciously submitting to the discursive reality they are performing is itself an embodied enactment, a subject position we might call *intentional submission* that enables entrance into and “movement around” a discursive field. Hall (1992) puts it this way, “The subject of discourse cannot be outside discourse, because it must be subjected to discourse. It must submit to its rules and conventions, to its dispositions of power/knowledge. The subject can become the bearer of the kind of knowledge, which discourse produces. It can become the object through which power is relayed. But it cannot stand outside power/knowledge as its source and author” (p. 79-80).

Intentional submission to a traumatic discourse is a performance marked by numerous practices, many of which arise spontaneously in the process of enactment, but all of which are marked by acceptance of the reality of a discursive performance as a truth in its own right. Three intertwined practices that have already been discussed implicitly but I mention here explicitly are: tolerating ambiguity, avoiding discursive closure, and offering alternative co-constructions. Tolerating ambiguity and avoiding discursive closure involve participating in the performance of another by putting oneself in the subject position they are enacting-- listening, observing, and

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inquiring until the reality of the subject position of the Other is “known”—until one becomes a bearer of the knowledge that the discourse produces.

This ‘inside’ knowledge relieves any compulsion to search for ontological truth, and disintegrates the barrier between subjectivities—between the “self” and “other” emergent in discreet subject positions. As Davies (1996) articulates, “As I come to occupy my patient’s internal world, to reside experientially within it, I surely come to know, in the most intimate of ways, my fellow inhabitant (p. 89). Such discursive occupation or submission requires and enables scholars and practitioners to replace ontological certainty with discursive subjection or submission:

We are free at last of the untoward burden of deriving a singular meaning from our patient’s communications. So free from the need to “find out what really happened,” we become, I believe, more skillful observers of what is happening in the immediacy of the ... moment. Here, there is no reason to question what the patient remembers, but to know more fully that which we ourselves experience in the present as we become the carriers of dissociated aspects of internalized self and object representations, the patient’s and our own in the countertransference. (Davies, 1996, p. 90)

Offering alternative discourses with alternative entailments is the final symbolic practice described here, as it is most useful when an emergent property of the “knowledge” arising from the performance of a common subjectivity. By entering the discourse, tolerating ambiguity, and avoiding discursive closure or conclusions through seeking ontological truth, continuity or coherence outside the specific discourse being performed, scholars, practitioners, and speakers

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generate discourses and subject positions whose performances may be more useful or satisfying than those currently being enacted.

I have proposed a spectrum model of reality construction made up of three discursive paradigms that explain the various ways peacebuilders may conceptualize what they do, who they are in relation to that work, and the various entailments associated with these constructions. I will apply this model—specifically, the three discursive paradigms I propose within it—as the conceptual framework by which I will code and analyze interview transcripts to look at how peacebuilders’ constructions of trauma shape their constructions of identity, and to what ends. Understanding the various ways peacebuilders construct trauma and identity is important because while some workers are highly productive and find deep satisfaction in their work, others experience grave disruptions to their lives, careers, and sense of well-being, struggling with symptoms of trauma, secondary trauma, and PTSD.

## CHAPTER 3

### Methodology

While the bulk of the research on trauma conceives of it as a “thing”—a material event that, due to its inherently threatening nature leads immediately and automatically to a deep and lasting material wound, this study is concerned not with the accuracy or inaccuracy of such a claim, but rather with how this and other discourses of trauma are discursively constructed, and to what effect. Thus, this study treats trauma as an idea. The idea of trauma has been constructed in one of three ways, as a: material event/response; material event rendered traumatic through interpretation, representation or sense making; non-event—the discursive and performative infusion of an idea with meaning. Here, trauma is a purely symbolic invention.

These categories describe the three ways people currently talk about and enact trauma. As such they represent discourses: “systems of thoughts composed of ideas, attitudes, courses of action, beliefs and practices that systematically construct the subjects and the worlds of which they speak’ (Leesa, 2006), that not only form the basis of what we “know” about trauma (what is defined as “true”, “right”, “good”, what we can “know”, how we can “know” it), but also shape the ongoing production of “knowledge” in more and less generative ways. As McHoul & Grace (1997) have put it, “In any given historical period we can write, speak or think about a given social object or practice only in certain specific ways and not others. A discourse would then be whatever constrains—but also enables—writing, speaking and thinking within such specific historical limits” (p.31).



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Just as members of a culture or language community draw upon available discourses as resources to replicate or innovate “knowledge”, scholars also draw upon paradigms to select appropriate methods, “sets of ontological and epistemological assumptions that unite a community of scholars and prescribe specific guidelines for conducting research” (Prasad, 2005, p. 8). While paradigms guide scholars in the conduct of their research, the act of research and theory creation also generates knowledge, and thus presents scholars an opportunity to reconstitute or reform the paradigms and discourses they use and reflect upon.

Research investigating and generating knowledge about trauma has done so in one of three ways: (1) through the use of quantitative methods grounded in positivist assumptions; (2) by combining quantitative and qualitative methods drawing variably from positivist and postpositivist premises; and finally, (3) by employing qualitative methods founded on interpretive commitments. These three methodological approaches not only guide the investigatory practices of scholars who align with their underlying philosophical premises, they also act as primary tools for the scholarly and disciplinary construction and reconstruction of “knowledge” about trauma—what counts as true and which of those disciplinary and paradigmatic “truths” will be perpetuated and propagated.

First, when scholars use quantitative methods exclusively, they do so because these methods enable them to examine trauma as a scientific “fact” existing in a pre-formed state independent of observation. Asserting that “true knowledge arises from observation of empirical phenomena” (Lindlof & Taylor, 2011), scholars working from positivist commitments hold traumatic events, symptoms and outcomes as the “tangible, material traces of [its] essential reality” (p.5). From a positivist perspective, trauma is thus a material “reality”, a traumatic event

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that produces automatic and unavoidable effects to be discovered, observed, and better understood through processes of isolation and scientific quantification.

For scholars conceiving of trauma as a material event/response, quantitative methods based upon positivist assumptions enable them to generate theory deductively through the proposition and testing of causal explanations based upon existing, verified knowledge. This research and theory provides a powerful frame for constructing trauma as a scientific “fact” with immediate material symptoms to be understood, diagnosed, and treated, and future occurrences and outcomes to be predicted and prevented or at least better controlled. At the same time, positivist assumptions inhibit its own practical and theoretical self-reflection. In other words, because the scientific warrant of a materialist discourse of trauma has been so widely embraced and well-developed as “self-evident” it is difficult to conceive of trauma as an idea rather than a “fact”—making constructionist assertions of trauma as a neutral material event rendered traumatic through communicative and cultural processes of attribution relatively more difficult to comprehend, and claims of trauma’s purely symbolic status nearly inconceivable as “unnatural”, unethical, and even heretical.

Second, scholars conceptualizing trauma as a material event that ought to be culturally recognized as such, tend to utilize some combination of qualitative and quantitative methods founded upon postpositivist premises. The result is a “realist”/materialist ontology coupled with an interpretive epistemology. Here, material events are still seen as objective material phenomena that “exist independently of individual perception” (Lindlof & Taylor, 2011), but it is “human *beliefs* about these phenomena ... multiple, partial, and inexact” (p. 7), and patterned human interactions related to these beliefs that are of central importance and concern.

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Third, scholars operating from the premise that trauma is either a communicative construction-- a material event rendered traumatic through its symbolic attribution as such, or a discursive creation-- the enactment of a discourse free of material warrant that invents a material and meaningful “reality”, will choose qualitative methods infused with interpretivist assumptions. From an interpretivist perspective, realities are not singular, trans-cultural, trans-historic “truths” to be unearthed, but are rather “unique, plural, simultaneous, and local” accomplishments of cultural members engaging “symbolic practices of expressions and interpretation” (Lindlof & Taylor, 2011, p. 8).

For interpretivists, social processes and practices are not fit to be understood through methods appropriate for the study of natural phenomena. Instead, researchers seek to understand the various ways cultural members use symbol systems to create shared meanings, whether those systems are used to make sense of material events or assembled through imagination and habit. Researchers cannot do this by observing from a (physical, intellectual and/or emotional) distance, but seek to engage their chosen scene through sensitive and sustained participation.

From an interpretivist perspective, researchers are unavoidably “positioned and partial” and should, therefore, “reflect on—and account for—the contingency of their claims” (p. 9). In addition, interpretivist researchers studying trauma as a discursive accomplishment tend to favor verbal and narrative approaches to data collection and presentation for the purpose of adequately representing the subjective experience of cultural members and as the basis of inductive theory development. (Lindlof & Taylor, 2011). Because I align with this third set of premises and am interested in better understanding how peacebuilders’ constructions of trauma shape their

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constructions of identity, I have chosen qualitative methods informed by interpretivist commitments.

In order to ground this study in a communicative perspective, I have proposed a spectrum model of reality construction made up of three discursive paradigms that explain the various ways peacebuilders may conceptualize what they do, who they are in relation to that work, and the various entailments associated with these constructions. I will use this framework generated from the literature review in chapter two as a “coding paradigm” (Strauss and Corbin, 1998) to analyze peacebuilders’ interviews in order to better understand how their constructions of trauma shape constructions of identity and to what ends.

### **Scene**

In order to develop research sensitive to issues important to peacebuilders and peacebuilding practice, and to take advantage of an opportunity to access a unique international community of peacebuilders, I conducted a pilot study. I developed a preliminary research guide (Addendum A) for the pilot study, which became the basis of my primary research guide (Addendum B) through collection, transcription, and coding of preliminary interviews for sensitizing concepts. CONTACT participants were the subjects of both studies. I collected initial interviews for the pilot study in Vermont (as I will detail in this chapter), and then collected additional interviews via Skype once I returned home from Vermont. I also collected interviews for the primary study via Skype.

CONTACT (Conflict Transformation Across Cultures) is a three-week training in conflict transformation that has drawn participants from over 60 countries. The Summer Peace building Program has been conducted annually for more than fifteen years at SIT (School for

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International Training) in Brattleboro, Vermont. While graduate students of SIT are offered CONTACT as a three-credit course through their master's degree program in conflict transformation, international conflict professionals also apply for it as part of a certificate training program offered through the Karuna Center of Peacebuilding, a non-profit, non-governmental organization founded in 1994 and headquartered in nearby Amherst, Massachusetts. The Karuna Center's mission is "the development and implementation of innovative, sustainable strategies for community reconciliation and transformation in societies where ethnic, religious and sectarian conflicts threaten the possibility of stable democracy" (<http://www.karunacenter.org>).

In addition to offering the certificate training program through SIT, the Karuna Center has also designed and implemented community training programs for over 20 war-torn communities around the world. These programs are unique in their reliance upon invitation only, and their promotion of non-violent approaches to dialogue, reconciliation, and cooperative problem solving through partnerships with community members and local host organizations. The Karuna Center and CONTACT share a founder, Dr. Paula Green. Through her local and global work, Dr Green has drawn an elite group of self-identified peace builders to herself, some who travel halfway around the world to train or teach with her. In 2009, the Dali Llama recognized Dr. Green's work, awarding her the prestigious Unsung Hero of Compassion award.

My interest in the work of the Karuna Center was first sparked by an email announcing Dr. Green as the speaker for the John and Bayard Cobb Peace Lecture given annually at my alma mater, Naropa University, located in Boulder, Colorado. The 2010 lecture was entitled: "Building Peace in a Stormy World: A Journey of Service, Hope, and Faith. Her unique cross-

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disciplinary, cross-cultural work and perspective as a psychologist, Buddhist practitioner, NGO founder, teacher, consultant, and facilitator of international and inter-communal dialogue and reconciliation resonated with many of my personal, professional, and research interests and pursuits. At the time, I was searching for the right field site for this research project, so I attended the lecture. I was intrigued and inspired by Dr. Green's story and perspective so, after the lecture, introduced myself and expressed my interest in studying The Karuna Center. Dr. Green expressed interest in the project and suggested I apply for the next training program in Vermont. She agreed that if I was willing to apply to the program as a full participant and was accepted by the committee, she would approve my research.

I began the application process for the CONTACT program immediately, as I had only a few weeks to meet the program's deadline. While I had not previously identified myself as a peace builder, I imagined this role and the content and process of the training to be consistent with my professional training as a licensed psychotherapist specializing in trauma. Within a few weeks, I was accepted and began preparations.

### **Participants**

Participants of the program were 40-60 adult men and women from over twenty countries who had applied and were accepted by the Karuna Center for Peacebuilding committee to participate in CONTACT. Group members were chosen for participation based upon their professional and cross-cultural experience, academic abilities, career goals, and competence in working with others in highly demanding and conflict-laden environments. Participants were also screened for their physical, mental, emotional, and educational preparation related to the rigors of the program's content, intensive residential format, and experiential-learning emphasis.

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The purpose of the training was to “bring together conflict mediators and peacebuilders from countries around the world, to engage them in a process of study, self-reflection, community building, and collaborative problem solving within a multicultural learning environment” (<http://www.karunacenter.org>).

To determine who would be accepted, the Karuna Center required participants to provide numerous documents, including: a completed application; a one-page essay describing their professional background and interests relevant to the field of conflict transformation and peace building (i.e., personal expectations and objectives and plans for applying the skills and knowledge acquired in the program); a resume or curriculum vitae; and a letter of reference from a supervisor, colleague, peer or professor who knows their work. These letters were required to detail applicants’ experience with and passion for peace building, as well as plans for where and how they would use the skills and knowledge acquired during the training; proof of passport; and finally, documentation of English-language proficiency for non-native speakers (i.e. course attended, tests given, TOEFL, or IELTS exams taken). In addition to satisfying this extensive list of application criteria, upon acceptance participants were required to provide proof of a completed physical exam, health insurance, immunization records, and a mental health status report.

Moreover, each participant was required to pay their tuition in full, whether through self-funding or with some combination of sponsorship, scholarship, or payment plan negotiated with SIT. While the obstacles to entrance were numerous and daunting-- especially for those living in unstable or remote regions of the globe where internet access and funding were unreliable at best-- securing a visa from the US government in the wake of 9/11 proved even more difficult

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for many. In fact, several participants reported that they had applied for the program several years prior, but needed several years to obtain the funding and documentation necessary to attend. I did no further screening for interview participation, and completed twenty interviews with those members of the training who were willing and available to meet with me.

**Justification for chosen site and participants.** I chose to study this group of participants for several reasons. First, they were international peacebuilders who construct meaning and identities in work directly related to trauma, so they met the key criteria of my research question. Second, they were elites of the field, many with years of experience working for and/or running well-respected peacebuilding efforts around the globe that address a wide range of social, political, and humanitarian issues, thus making them ideal representatives of trauma workers in general and of the potentially effected groups with whom they work. Third, these particular workers were willing and available, generously granting in-depth interviews concerning their work and their lives during and after the CONTACT training program, so could be described as a convenience sample. Finally, my desire to better understand these participants' constructions, practices, and related experiences was scholarly, professional, and personal in nature, as I imagined potential parallels between our work and life histories and ongoing professional development.

**How recruited.** On the first morning of the training, conducted in May 2010, participants, staff and instructors were asked to introduce themselves to the group. One by one, they stood in front of a brightly colored floor-to-ceiling wall map secured to the front wall of the room. The remainder of the group sat in chairs forming a semi-circle, listening intently as each speaker described the litany of places they had lived and worked, the nature of their work, the



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organization with whom they currently worked, the conflicts their clients and client communities currently faced, and what they had hoped to gain from the training. It was an intellectually and emotionally rich and intense start that foreshadowed three more weeks of equally intense training and intercultural dialogue. Many carried heavy burdens and high expectations. The magnitude and complexity of the problems brought forth covered the room like a dark cloud. The air was thick, as no easy solutions would suffice. The level of need overwhelmed. While the staff did their best to contain and move the process along, we were well into the afternoon before the morning's task could be accomplished. So much suffering had journeyed so long that no one could imagine breaking for lunch until every burden had been voiced.

On the second morning of the training, after initial announcements were made and the schedule of the program set forth, Dr. Green announced my role as participant and research observer. After her brief introduction, I stood in front of the group to read my consent script, clarify my role and intentions, explain the focus of my research, and invite participants to ask further questions as needed. I affirmed my commitment to participate as a full-fledged member and researcher of the group. Due to the politically sensitive nature of the training, and in accordance with the Dr. Green's request, I also assured the group that I would take no field notes during formal sessions or group processes, and that I would protect member confidentiality as appropriate. I asked if any member became uncomfortable with my presence as a researcher at any time that they publicly or privately object so that I could, without hesitation, alter my data collection to exempt them. I then invited interested members to take part in semi-structured one-on-one interviews, announced that participation in any aspect of the study was voluntary, that members had the right to terminate their participation at any time and for any reason. Finally, I

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informed the group that I would ask for interview participation informally during the training as appropriate, and that all interviews would be conducted in private rooms or spaces according to member preferences. Upon completion of my invitation, Dr Green reiterated the need for all members to practice discretion and confidentiality as members of warring tribes, regions, countries, and religions were present in the group.

### **Data Collection**

The principal method of data collection for both the pilot study and the primary study was in-depth, semi-structured and open-ended interviews lasting an average of 60-90 minutes. For the pilot study, I gathered 15 initial interviews while on campus and 10 additional interviews via Skype once I returned home. These interviews took place over the course of the three weeks that I was a resident participant-observer of the CONTACT program. During this time, participant observation was the primary data collection strategy by which I was able to solicit contextual information, develop a sensitivity to emergent concepts and patterns, gather initial pilot interviews, and secure future interviews to complete the pilot study. The experiential design of the training coupled with the politically, socially, and emotionally charged nature of the content, an intensive schedule (e.g. training and interaction literally going on day and night), and the confined and contained residential living format made for an intimate yet dynamic and gratifying learning and living environment.

While local families hosted a few participants, a majority of the group members-- including myself-- spent the bulk of our time together. On the small campus, six cottage dorms were designated “men” or “women”. At the center was a gathering house where the majority of the training took place. A larger main house across the dirt road housed a cafeteria where we ate

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meals together and gathered for larger evening events and activities. Additional dorms were located on the second floor of the main house. This is where my roommate and I were housed, along with a dozen or so others. I was screened through the same application process as every other participant. I observed and learned the training model, attended and participated fully in the entirety of the training process, and engaged in many of the related events. I paid tuition as well as all medical, travel, and application-related expenses in full.

For the primary study, I solicited interviews by emailing respondents from the pilot study who had expressed a willingness to be contacted for follow-up questions, and by requesting additional interviewees via the CONTACT list serve, of which I was and continue to be an active member. I conducted these interviews via Skype because most of these respondents live and work around the world, so could not be available in person.

**Interviewing.** For the pilot study, I conducted twenty in-depth, semi-structured interviews lasting an average of 60-90 minutes each. Fifteen of these were conducted during the three-week training and the remaining five interviews were completed over the course of the following two to three weeks using Interview Guide 1 (Appendix A). I conducted an additional twenty interviews via Skype for the primary study using Interview Guide 2 (Appendix B) and stopping once saturation had been indicated.

The pilot study interviews completed during the training took place over lunch, between daily training and group process sessions, on the porch of the main house, in dorm rooms, over a cup of tea, early in the morning, late at night, and any other place and time that participants could carve out for an interview. Private, non-organized moments were precious indeed as a host of activities-- ranging from morning singing, small group breakouts, daily prayers (five times per

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day for some), brown bag lunch workshops and videos, after-dinner guest-speakers and entertainment, trips to the store, participation in a local dairy parade, two weekend trips to Boston and New York City, bicycle riding lessons, world cup soccer finals, and several bonfires - all competed for participants' time and attention, making it nearly impossible to get a full nights' sleep or finish laundry, let alone find unstructured time in seclusion. The twenty follow-up interviews were conducted over Skype and digitally recorded using voice recording software available for a small fee through Skype.

In-depth, semi-structured interviews were the methodological tool of choice for this study for several reasons: first, this research sought to understand how peacebuilders' constructions of trauma shape their constructions of identity, and with what result. Qualitative interviews provide an important means to better understand such constructions as they emerge through talk and narrative. From a constructionist perspective, interviews are not keys that automatically open the door of a respondent's "internal" world of thought and experience, rather they are an unfolding social process that, "quite literally ... develops a view of something between people" (Brenner, 1985, p. 148). Understanding the interview process as a dynamic co-construction guided by the researcher only to the extent that this guiding enables a rendering of the discursive logics by which a respondents' world is constructed was appropriate and thus selected for this study. Moreover, qualitative interviews are sensitive to the intimate yet deliberate tone of many of the conversations and interactions I had during and after the training. For these reasons, qualitative interviews were fitting for my research. Participants brought to the training conflicts and struggles from across the globe that needed to be presented, clearly understood, and addressed in some meaningful and satisfying fashion before they returned home, leading to many

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“conversations with a purpose” (Bingham & Moore, 1959). I, in turn, came with research goals that required me to engage with others responsively yet purposefully.

Third, conducting interviews with other participants allowed me to ask questions referencing events, experiences, relationships, and interactions outside the context of the training and/or interview that I could not have been able to observe first hand (Lindlof & Taylor, 2010), such as what key events had shaped their lives and work, who if anyone had influenced workers’ decisions to become involved in peacebuilding work, and how they might imagine they would use what they had learned once they had returned home after the training. Semi-structured interviews via Skype were the central data collection tool for my primary research, as without interviews, I would have little opportunity to re-engage participants.

**Tape recording.** For this study, all interviews were digitally recorded as Mp3 audio files. While on campus, these files remained in my possession until I uploaded them to my computer each night. My computer remained locked in my dorm room at all times under double password protection. These files remained locked even after I completed the training, except when I needed to upload them to a secure file server with password protection for delivery to the transcriber. All files were scrubbed of identifying information before being uploaded. Once transcriptions were complete, these files were uploaded to a separate folder on the same secure server and under password protection. I did not talk to anyone about the details of my interviews with other participants during or after the training, even my transcriber, other than to clarify the confidentiality agreement we both signed at the beginning of our work together. In order to protect participant confidentiality, the names of participants included in my notes and data were identified on a first-name basis only.

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**Transcription.** For the pilot and primary studies, I transcribed several of the interviews using my MP3 recorder and a standard word processing program. Because I was primarily interested in how workers communicatively construct who they are and what they do, I transcribed all semantic, syntactic, and pragmatic dimensions of spoken communication, with the exception of pauses and fillers. Through the process of transcription, I became increasingly familiar with the data. I made notes of possible themes that caught my attention, played and replayed moments in which I intuited that something important was happening, especially when I could not yet put my finger on what that something might be. I then put these notes aside until I could explore them again during data analysis.

Transcribing was very useful, but it was also very time-consuming. Once I had transcribed several interviews on my own, I hired an outside professional with transcription experience. As she completed transcribing the remaining interviews and sent them back to me, I read them while listening to the original interview myself. During the first pass, I corrected any typographical errors and deleted pauses and fillers. During subsequent passes, I focused on content and process--what was being said, how the interviewee was saying it (emphatically, softly, in sing-song, and so on), and how I felt hearing what they were saying emotionally, physically, and intellectually. I also listened to many of the interviews while driving in the car or riding my bicycle, making mental notes or scratch notes as patterns, ideas, strong emotions, or questions arose. Listening to the pilot study interviews this way helped me reconnect to the participants and their stories, and formed the basis of my primary research question and interview guide.

### **Data Analysis**

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For both the pilot and primary study, I chose to use a grounded theory approach as developed by Glaser and Strauss (1967) and further presented by Strauss and Corbin (1998). I used a grounded theory approach (Strauss & Corbin, 1998) to analyze how peacebuilders' constructions of trauma shaped their constructions of identity and to what ends—whether material, mixed, symbolic, or some variation. When trauma is constructed from one or a variety of these paradigms, a host of related entailments (i.e. constructs of self, Other, power, freedom from power) communicatively co-arise.

I chose a grounded theory approach for two reasons. First, the majority of current research related to trauma and self-identity has been conducted from a materialist paradigm using quantitative methods based on positivist and post-positivist premises (i.e. realism, objectivism, reductionism, deductive logic). Little research has been oriented to interpretivist premises where social realities are understood as multiple, emergent, and collaborative; researchers aim to preserve the subject experience of social actors in explaining how their performances are meaningful; and theory derives from inductive logic (Lindlof & Taylor, 2010).

Employing a grounded theory approach enabled me to better understand these culturally, theoretically, and practically important and pressing phenomena from a theoretical, philosophical, and methodological orientation that has been largely overlooked. According to Stern (1995) "the strongest case for the use of grounded theory is in investigations of relatively uncharted water, or to gain a fresh perspective in a familiar situation" (p. 30). This study aims to do both.

Second, this study conceives of trauma as an idea that is discursively constructed. In order to theorize the various forms of interdisciplinary/intercultural knowledge these

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constructions have taken, how these discourses may or may not be enacted by peacebuilders to construct reality, and how those constructions shape enabling and limiting conceptions of identity, an inductive approach has been and continues to be necessary. Grounded theory builds theory from data, so while it cannot render an interdisciplinary/inter analysis, it is well suited to support the inductive steps necessary to develop this type of qualitative, interdisciplinary theory.

For both the pilot and primary study, I chose an inductive approach to data coding as described by Foss and Waters (2007). First, I printed a hard copy of each transcribed interview and read it several times. Next, I coded the interviews one at a time by looking for and isolating examples of my units of analysis--work-related meanings and identities shaped by trauma. To do this, I read through every page of a transcript, and when I came to a unit of analysis I marked its beginning and end. Once I located an excerpt that I believed to be a unit of analysis, I wrote a code, term, or phrase next to the excerpt in the margin that captured succinctly what I was seeing there concerning communication practices and processes. For example, in response to the question "How does trauma contribute to your sense of self at work?", one peacebuilder replied:

Trauma contributes because I can see it clearer and stay with myself in my own consciousness of my own trauma... It's helpful because when I'm sitting with another person I can separate my experience from their experience rather than be in their experience with them. If its trauma that's very similar to mine, then that can be a problem if I merge with the other person... So I have to be as aware as I can or I'm sitting in the muck with the other person.

I coded this response in the following way:

(1) Trauma is muck



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(2) I am a healed unless I merge with the Other in the much

(3) The Other is sitting in the muck

(4) I am most effective when I stay separate

The challenge was not to stray too far from the literal words the respondents used, and the particular unit of analysis I was looking for, namely work-related identities shaped by trauma. As I coded, I tried to keep a beginner's mind, forgetting what I thought I knew about this subject or the respondent so as to avoid superimposing my own assumptions and interpretations onto their words. I hoped to let their words speak for themselves. Staying at this more literal level of the text was challenging, yet prevented me from coding what I had hoped or presumed the data to be saying, thus providing clearer and stronger support for my analysis.

Next, I put a shorthand citation at the end of each excerpt indicating from which interview and page of that interview the excerpt originated (Foss and Waters, 2009). Once I coded the data, I sorted the codes the old-fashioned way, by cutting each excerpt with a code and citation from the page with a pair of scissors, then placing all the cutouts in a pile. This approach allowed me to work kinesthetically and intuitively with the data, exploring numerous possible relationships between the codes and categories in a more creative, less encumbered way than other available methods. One by one, I took each excerpt from the pile, read the code, and put those codes together that seem similar in some way, starting new piles when codes did not fit with previous piles. As some of the piles accumulate three, four, or more codes I labeled the pile with a sticky note capturing a category, theme, or pattern the codes seemed to share. If a grouping had lots of excerpts, I sorted it again looking for subtleties or finer distinctions I may not have noticed before. It was in this way, and based upon my knowledge as a participant

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observer and cultural insider of the group, that I was able to compare and sort the codes in an inductive process until no new categories were generated—or saturation was reached--and sufficient support had emerged.

When I came across excerpts that didn't seem to fit anywhere, I put them in a pile labeled 'don't know' and sorted them again at the end. Once all the codes were sorted, I checked all the codes and categories again to see if there were instances of a theme that belonged in another category, or if I could refine the codes and categories for a more insightful articulation of the text. I put the finished piles into envelopes and labeled each envelope with the name of the category it contained.

Having de-contextualized the relevant elements of the data through coding them out of their contextual places in the transcripts, then re-contextualized them into categories that logically seem to go together (Lindlof and Taylor, 2010), I then looked for as many relationships between the categories I could imagine by sorting, arranging, and re-arranging the data into as many patterns as occurred to me until an unexpected explanatory schema emerged. According to Foss and Waters (2007), an ideal schema will: (1) take into account all the major categories of the data; (2) describe an organic and coherent relationship among the categories; (3) demonstrate reasonable inference--a clear and plausible fit between my schema and the coded data; (4) produce new insights and understandings; (5) lead to an aha feeling that my schema had captured what I was seeing in the data. Once I settled on a framework that satisfied these criteria, I chose explanatory terms of each concept and relationship that reflected these new insights and observations.

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In chapters 4, 5, and 6, I present a systematic analysis of the primary research data, which was developed from and expounds upon the communication framework presented in chapter 2. And in the conclusion chapter, I present a summary of the study, an interpretation of findings, a discussion of limitations, and make suggestions for future research. This chapter will relate the analyzed responses of peacebuilders' constructions of trauma to the identities these produce, and discuss the benefits and limitations of these constructions.

## CHAPTER 4

### Discourse 1: Trauma as Disease

Peacebuilders' communicative constructions of trauma create a variety of trauma discourses. These discourses, in turn, generate communicative performances and practices that (re)constitute the discourses from which they arise. In analyzing peacebuilder constructions of trauma, three primary discourses emerged: (1) Trauma as disease; (2) Trauma as test, and; (3) Trauma as puzzle. This chapter will trace the discursive logics of the first discourse, Trauma as disease, then chapters 5 and 6 will articulate the logics and practices of the remaining two discourses.

Regardless of the particular measures peacebuilders engage in an effort to create sustainable peace—whether diplomatic, economic, social, educational, health-related, legal, civil (e.g. dialogue, negotiation, and/or mediation), or any combination or coordination of these--when observed through a discursive lens, come into view as a continuum of communicative performances and practices. These practices, which bring discursive worlds into being for their actors, both adhere to and constitute the ontological and epistemological systems of reality they comprise. In so doing, they both liberate and constrain peacebuilders according to the discursive logics in which they are embedded.

When practitioners engage and are *hailed by* a discourse unawares, they become bound to its claims of what is right, true, and possible, generating and also limiting their range of choice and possibility. When peacebuilders understand the constitutive power of their practices, the

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inner workings of each discourse, their benefits and constraints, and their relationship to one another as a continuum, they are empowered not only to choose from among the discourses, but also to invent what are new, “better”, or more useful performances and practices for them in response to the needs at hand.

### **Takes and Separates**

Trauma as disease, the first discourse emergent from the data represents the most dominant discourse of trauma currently in circulation. While many peacebuilders operating from and constituting this discourse talk about trauma as a wound, the logic of the discourse actually functions like a disease. When trauma is constituted as a disease, its primary function is to take and separate one thing from another. It does this by posing as an ever-present, unavoidable, and pervasive threat to human survival, thriving, and sense making. In so doing, trauma destroys life and damages the quality of life by tearing individuals and cultural communities apart so that members find it impossible to trust one another, empathize with one-another and go on together. As a result, people who have experienced trauma find it difficult to know basic human comfort, joy, and ease thereby destroying or thwarting the development of collective identity, value, purpose, and belonging. When trauma is constructed as a powerful and overwhelming force, people are rendered incapable, insecure, separate and alone in relation to themselves, others, and a world of threat and uncertainty.

### **Ever-present threat**

When peacebuilders enact this discourse, trauma is constructed as an unavoidable force that incapacitates and isolates, causing people to experience themselves as alone and insecure in a world of threat and uncertainty. As the clinical director of an agency focused on the treatment

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and community advocacy of children and families impacted by child-maltreatment put it, “I’m often bracing for some sort of bad thing to happen. Whether it’s the loss of my job, getting laid-off, or making a decision with a family that impacts a kid’s safety or emotional well being, it’s an underlying experience”. For those enacting the paradigm of trauma as taker and separator, bracing against the ever-present threat of trauma diminishes vitality in a chronic yet often unconscious way, depriving them of the physical, emotional, and intellectual wellbeing they might otherwise enjoy.

### **Invisible yet pervasive**

In order to function in the face of such persistent peril, peacebuilders engaging this paradigm commonly resort to acting as if trauma simply doesn’t exist. As this same worker spoke in frustration, “I just pretend it’s not there, otherwise I would be paralyzed”. While making believe trauma doesn’t exist may enable a degree of functioning, workers enacting this discourse find it impossible to be completely free from the tyranny of trauma because while they pretend its not there they simultaneously construct trauma as unavoidable and pervasive: “When in doubt, I assume that people have been traumatized. That’s just the way I think. In a professional way, my lens is colored”. For workers enacting this discourse, trauma is everywhere-- occurring not only between individuals but also across professional, economic and political communities, systems or institutions. As this same respondent described:

The agency I work for and the government agencies that fund it are steeped in trauma... there’s systemic trauma around these two agencies with over a hundred years of combined history of trauma working to serve traumatized people while under threat of increased trauma due to getting their funding taken away or getting cut-off or programs

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ending or getting into legal trouble...And that's not even talking about the actual traumatized families we serve.

According to the discourse of trauma as disease, trauma pervades every aspect of material and cultural life and so is unavoidable as it separates people from other people and from the financial, political, emotional, and meaning-making resources they need. As this director mourns, "This agency and our jobs are constantly under threat, and that trickles down to me and the folks who work under me doing direct work". According to this discourse, workers not only experience the same type and degree of loss and separation caused by trauma as client communities, they may also run an even greater risk: "Then the trauma of the direct work with community members effectively trickles up, so we're squashed in this trauma sandwich". As this interviewee constructs it, workers are "squeezed" between multiple levels of trauma, which puts their very livelihood at risk.

### **Takes away agency and security**

Ironically, while the discourse of trauma as taker and separator presents trauma as rampant and inescapable, the specific impacts of trauma can be very difficult to put one's finger on, resulting in a kind of fundamental insecurity. As this worker stated, "People are scared to make the wrong decision. This may sound dramatic but it feels like doing trauma work in the middle of a war zone". This fundamental insecurity erodes workers' ability to make decisions with clarity and confidence, causing them to experience themselves as frozen and unable to respond in the midst of incessant conflict.

From this discourse, the pervasive yet often underlying threat of trauma not only limits workers' ability to feel secure in making daily decisions, it triggers a larger paralysis around their

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ability to work with integrity and transparency over time. As one worker put it, “I don’t think about it day to day but I can’t promise my clients that I’ll necessarily be able to work with them again tomorrow. The contract could get cut or a judge could make some ruling. So it feels like I’m constantly under threat”. By taking away a worker’s confidence that they can provide a continuity of care, trauma makes it difficult for them to take action and commit to its course over time.

### **Separates Self from Self**

When communicatively constituted as a disease, trauma not only creates a context of fear and uncertainty around decision-making (which could be framed as “Who am I in relation to power and choice?”), job-security (“Who am I in relation to work and time?”), and workers’ ability to provide continuity of care (“Who am I in relation to responsibility for others over time?”) it also separates and isolates workers from themselves, dividing peacebuilders into multiple, opposing self identities.

### **Takes and Separates**

When peacebuilders performing this discourse talk about how trauma effects them in their work, they say that it takes and separates in two primary ways, by separating a “self” from a “self” and a “self” from an “Other”. Communicative constructions of trauma do this by splitting a practitioners’ identity construction into two—a self that is taken and one that remains. The self that is constituted as taken by trauma can be described as the “essential self”, “true self” or “be-er” or the one who enacts a peacebuilder’s notion of “truth” (“Who I am in relation to truth?”), and the self that is left can be described as “the doer” (“Who am I in relation to action?”).

### **Whole Vs. Part**



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While peacebuilders drawing from the discourse of trauma as taker and separator readily construct the notion of a full, whole, complete, and complex self (“Who am I in relation to self, others, and things?”) that is prior to trauma, they do not allow themselves to enact an identity that is satisfying, performing instead a self that is damaged by trauma and so is split from a pleasurable relationship to many things. As one worker encapsulated, “I don’t feel like I can be my full self at work”. Rather than being spontaneous and unpredictable, for example, this worker communicatively constitutes a self that is controlled and contained in the workplace, “Whether I’m microwaving soup or supervising someone, my job is to be in a regulated therapeutic state all the time”. By performing only one dimension of the self rather than a full and more complex self, peacebuilders subscribing to this discourse are not able to embody a full and satisfying self (all their relations). As this peacebuilder continues, “So, I don’t crack a sarcastic joke or talk about a TV show I might want to watch because it feels like that would compromise the atmosphere of regulation”. By behaving in a highly controlled manner, workers communicatively constituting trauma as a disease don’t allow themselves to joke or kid around at work, to be spontaneous, unpredictable, or out of control in some way for fear that they may not be helpful to those for whom they care. Even if the enactment of a self that is serious and restrained cuts them off from enacting a fuller range of emotions that are satisfying and fun, enacting the discourse of trauma as disease takes and separator them to be simultaneously sober and lighthearted.

### **Valuable vs. Damaged**

Having described the overarching effect of the discourse of trauma as disease on peacebuilder identity as one of separation in which a worker’s communicative performance of a

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desired “whole and complex” self able to perform a self in relation to many things, we will now consider in greater detail some of the various discursive enactments resulting from a self divided into “be-er” and “doer”

According to workers communicatively constituting this discourse, the be-er is knowledgeable and skillful while the doer is fundamentally damaged and has little to offer. As one peacebuilder put it, “If my sense of myself is that I’m damaged because of trauma, then I can’t be helpful to clients because they look to me to be the expert... if I don’t value myself and my knowledge because some trauma in the past has altered that belief about myself then I won’t see myself as valuable in the relationship, and that’s a problem”. When peacebuilders construct the self as having little value through being separated from the goodness, purpose and perfection of the desired self, they can be tempted to derive value from relationships better designed to meet the needs of clients. As this worker continues, “If I have low self-esteem and I try to get value from working with my clients, then I’m using my clients to feel ok about myself, and that can trip me up”.

Trying to derive value through client interactions is potentially problematic for workers operating from this discourse because it not only takes the primary focus off the needs of the client, it also puts the peacebuilder in a position where they are unduly influenced and not able to move back and forth across the various sides of a conflict. When workers are not separated from their own value, they are “able to mirror back” but when they are cannot construct the self as valuable, they are more likely to be “influenced to do something that really has nothing to do with my client, but has more to do with my own need to feel good about myself”.

### **Free vs. Indebted**

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In addition to dividing the self into whole vs. part and valuable vs. damaged, the discourse of trauma as taker and separator also splits the worker into a self that is free and another that is responsible. As one respondent put it, “There have been times when I thought I’d like to do something different professionally, but there’s this survivor’s guilt that if I quit it would be horrible-- like leaving people behind”.

By enacting the discourse of trauma as taker, this self-identified survivor of trauma renders herself responsible for the survival and well-being of others defined as survivors. If peacebuilders operating from this paradigm do not help those in need, the discourse renders them guilty of not only surviving a previous trauma (implying that she should not have survived and thus her belonging is contingent upon the help she provides others) but also of abandoning other victims. This discourse places a tremendous burden on those who perform it-- a burden so great that when those working within it consider professional alternatives that may make them happier, they experience tremendous self-reproach and self-denial, “I don’t think about that on a daily basis but I know that the guilt has impacted me. I considered going back to law school, but feel that I would let others and myself down... and that doesn’t feel like being a good citizen”.

The discourse of trauma as taker and separator prevents those who subscribe to it from performing alternate identities free of guilt and responsibility. When alternate identity performances are contemplated, they are done so obliquely and in comparison to other ambitious performances, such as those of good citizenship. As this same worker responds in frustration, “This isn’t the field to go into if you want to get rich-- not that I want to roll around in a bed of money...Especially with non-profits, you have to suck it up and use both sides of the post it note”. When she orients toward her desire to make more money through pursuing an alternate

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professional identity performance, this worker finds herself constrained to frustration by the discourse of trauma as taker and separator. According to this discourse, in the absence of trauma people are free to perform professional identities that they believe will make them happy, while people who enact a self marked by trauma as taker and separator are indebted to help others become free and happy.

### **Happy vs. Suffering**

Another split created through the enactment of the discourse of trauma as taker and separator occurs between the happy self and the suffering self. The happy, carefree, fun-loving, pleasure-seeking self is the one desired by respondents but is set in contrast to the suffering self, which when enacted creates confusion and conflict for those embodying this discourse. One peacebuilder who teaches race relations and has worked extensively in the African countries of Rwanda, Eastern Congo, Burundi and Senegal as well as the American South lit up when describing how she enjoys watching stand-up comedy and basketball, and drinking good wine with friends, then mused remorsefully, “I think I do love not suffering, but I’m too prone towards smelling it, hearing it, sensing it, and imagining it in others and myself”

The split between the happy self and the suffering self is evidenced in this response as this worker begins by relishing in the pleasures she gets from the frivolities of life only to return to an emphasis on suffering, lamenting the pull that it exerts on her regardless of her wish to be free.

### **Powerful vs. Powerless**

In addition to splitting the self into whole vs. partial, perfect vs. damaged, free vs. indebted and happy vs. suffering, the discourse of trauma as taker and separator also divides the

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powerful self from the powerless self. As one respondent put it: “Where there’s trauma there’s helplessness”. According to this discourse, the self that is strong, confident and powerful is seized and the one that is weak, uncertain, and helpless remains. When this discursive split is constructed, that performance sets a chain-reaction of other entailments into effect, specifically in this case, what this worker calls shame, as he goes on to explain: “And where there’s helplessness there’s shame, because people hide and shut down as a way to protect... Shame hides in the shadows of the unconscious, so it hides from the self”. As the discourse stipulates, once the powerful self is severed, the powerless self that is left in its wake is marked not by an empowered vulnerability but by a disempowered one needing protection. This protection is performed as smallness, insignificance, and secretiveness so often operates outside the performer’s awareness.

### **Serving vs. Self-serving**

Another identity split caused by the enactment of the discourse of trauma as taker and separator is the divide between the worthy and the worthless self. For example, when asked what kept her in the field in spite of a deep desire to make a better income for herself and her family, one worker put it this way: “When I think of doing something else, there’s a part of me that says, “look, at least you have a job...look at the folks you’re working with”... If I want to provide more for my family or whatever, it’s marred with implications of people impacted by trauma that I might be serving”. When she contemplates the idea of making a better life for herself, this peacebuilder experiences herself as torn—between a self that wants to be serve others and another that wants to serve herself and her own best interests. By adopting the discourse of trauma as taker and separator she is unable to construct a self that is simultaneously

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selfless and self-serving. Pursuing twin desires to be more comfortable or happy and help others do the same seem incompatible.

### **Compassionate vs. Heartless**

Finally, enactment of the discourse of trauma as taker and separator constructs a self that is compassionate and humane in contrast to a self that is heartless and inhumane. Workers desire to be free from the obligation of caring—not in the sense that they want to become heartless, but in the sense that they don't want to have to act on every caring thought or feeling they notice. As one peacebuilder working with war veterans noted, "There's a part of me thinking 'There are so many vets walking around with PTSD that don't have to experience all these symptoms', so there's this sense in me that I have to do something. There's an obligation". As this worker illustrates, the performance of trauma as taker and separator constructs and puts into performative opposition a self that cares and another that does not. According to this discourse, once the worker perceives another person as victim, they will either engage them sympathetically or disengage as a bystander. The first self triggered through a recognition of being in the Others' shoes, the second unaware perhaps even to the notion of trauma let alone a concern for its consequences.

### **Separates Self and Other**

For peacebuilders enacting the first discourse, trauma not only splits the self into two selves, it also splits people into two overarching types—those who have contracted the disease and have healed and those who have not healed and are thus sick, wounded, broken or diseased. According to the discourse, the one who has come through trauma and is construed as healed has agency over trauma and thus over those who are sick from it so represents the desired self state,

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while the one who is ill has been overcome by disease has little agency, so represents the undesirable state or “Other”. As one respondent described: “If my dad did something to me while growing up and someone I am working with had a similar experience, if I’m clear and healed around that it can be great for my client because I can help them work through it”.

### **Healed vs. Sick**

According to this discourse, trauma not only inflicts disease upon the self, but specific types of traumas cause specific types of diseases. Once a person heals from a particular strain, they develop immunity to that specific strain, which inoculates them from future re-infection. If they come into contact with a different strain of trauma, they run the risk of becoming infected, like anyone else. As this respondent continues: “If I haven’t healed around the traumatic event, then I just meld with my client and we get nowhere because my stuff becomes their stuff—it all gets intermingled”. The discourse of trauma as disease, self as healed and the Other as sick separates workers from those they work for because it sets them up as healthy, clean, and free of contamination while the Other is unclean, contaminated, and contaminating. As this peacebuilder elaborates, “I stay away from people who haven’t worked their trauma because I see trauma all over the place”.

This discourse not only separates peacebuilders from clients, it also separates them from colleagues and anyone else who may be infected and thus threaten their safety and well-being. As another respondent asserts, “Trauma is pervasive. When in doubt, I assume that people are traumatized or have been exposed to secondary trauma”. According to this discourse, workers must not only avoid contracting trauma directly or through contact with infected clients, they must also avoid contact with colleagues who have not healed.

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### **Doctor vs. Patient**

Once a worker has healed from a particular “strain” or type of trauma, their role is to help others heal. They cannot do this if they are ill themselves. Only those who are “healthy” can enact the role of healer. As this same worker continues, “I can’t help others shift the state they’re in to a different state because I’m still in the state myself, and I’m matching their state so we can’t move forward therapeutically”. If being healed from a particular strain of trauma is characterized by being symptom-free and inoculated against future infection, being a doctor/healer requires that a person meet these criteria and be able to assist interested others in attaining the same state of well-being.

By constructing the self as healed/ a healer and the Other as diseased and in need of healing, this discourse separates the self from the Other. The self is set up as a whole, healthy provider of help, while the Other is characterized as broken, ill, and in need of help. Until the Other becomes like the self, the two remain separate. As one peacebuilder who runs a private psychotherapy practice in the United States put it, “If I meld and then I lose my sense of self because the trauma is so similar, then I’m not therapeutically sound and I can’t help my client”. According to this discourse, if a healer constructs the self as the same as the traumatized other and not different, then they lose the self. On the other hand, if they perform a distinct and separate self, then they remain isolated and alone in their difference. In this sense, the discourse of trauma as disease offers no up-side, no chance to perform a self that is sound, helpful, effective, and connected to others, instead, the discourse encourages peacebuilders to take on a self-defensive posture, as another worker stated, “My role is, in the midst of people expressing the effects of trauma in their stories and in their energy field, my number one role for both self-



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protection and a therapeutic offering is to hold my own field”. For peacebuilders constituting this discourse, holding one’s own field means being with clients who are re-enacting trauma (through stories, behavior, memories, and any other practice of trauma construction or re-construction) without losing one’s sense of self-identity (wondering “who am I?”).

Still being able to reconstitute the self through discursive performance while another reconstitutes trauma through their performance is how peacebuilders working from this discourse are able to increase their “exposure” to greater varieties and degrees of “disease” without becoming contaminated. As this worker elaborates, one of primary aims of successful trauma work is to “ Stay grounded in my own field, to stay present, to be able to tolerate more and more and be activated less and less”. Doing this requires that the worker practice “Staying grounded in the midst of what could be secondary PTSD...or activation of my own conscious or unconscious experiences of trauma in this life. That is what I feel the work is, my primary healing offering”.

Thus, this discourse separates self and other by constructing separation as a marker of healing from previous trauma as well as a temporary defense against potential future disease. As a practitioner’s immune system strengthens, they are able to increase exposure.

### **Bounded vs. Boundless**

In addition to being a highly infectious disease that runs rampant due to its ability to be transmitted by anyone, many strains of trauma are also invisible, making them nearly impossible to detect until symptoms manifest and the damage has been done. When asked how she can know when she is in the presence of someone who has been traumatized, one worker put it this way: “It’s an energetic sense. There are no boundaries. Suddenly a person telling you their

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whole life story and you've just met them. You feel drained after being around them". Because, according to this discourse, trauma is not only pervasive and easily contracted, but can also go undetected until symptoms emerge latently, workers must not only protect themselves from exposure through seclusion or isolation, they must also become experts at detecting the threat of boundlessness. As this worker put it, "I'm hypervigilant to my environment as a result of trauma...picking up on all sorts of things...I smell things, I hear things, I feel things... I feel vulnerable, that the world is a harsh place and that I should protect myself".

While increased alertness is seen to sharpen a worker's focus on clients and alert them to the presence of trauma even when no scar, wound, mark, or memory is yet visible, hypervigilance also manifests as an acute fear and relentless search for signs of potential contagion that construct a dangerous world and a self that is alone in the midst of ever-present threat. This increases worker isolation, because when trauma is invisible it can't be detected until symptoms manifest. Then, if symptoms are invisible and so difficult to detect it takes a highly trained worker/ increases the power of trauma and relative helplessness of worker—thus adds to the fear—increases it to a level/state of paranoia: "A lot of information comes in when I move through the environment, scan the environment, or just ask 'what is?'...It has to do with picking up on all sorts of things. You could call it intuition-- I smell things, I hear things, I feel things. I have a lens that zooms in and out, in and out. When I'm open to that and allow it to shift and re-focus, information just comes in and I pay attention to it. This peacebuilder describes himself as a kind of machine system that moves through the traumatic context of life relentlessly picking up and sifting through traumatic information. Later, he calls himself a "manager of information".

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### **Careful vs. Carefree**

When trauma is constructed as a highly infectious disease whose effects can be rampant and catastrophic, it must be taken very seriously. One peacebuilder who works primarily with severely abused children describes herself as a grumpy old Muppet. “I think I’m fun outside work, but at work, it feels really serious, even sacred”. This worker finds it impossible to move back and forth between behaving carefully and being carefree and, “Going and working with a mom who just burned her kid with a cigarette lighter, then going into the office and carving a pumpkin for spirit week-- it’s just too disregulating for me”. Because the discourse of trauma as disease separates the self into opposing performances of being careful vs. carefree, peacebuilders operating from this discourse cannot allow themselves to be spontaneous or playful while at work, as this supervisor of over 40 people describes, “My job is to be a regulating force, so it’s probably ok not to come in wearing a football jersey”.

Not only does the gravity of trauma separate workers from a silly, playful self, but it also separates them from others who behave spontaneously and in a playful manner at work. As this supervisor continued, “Recently, somebody pulled a prank and a colleague looked at me and said, “Was that you?” To which she replied, “When in doubt, I did not do anything fun”. She was the only person in the meeting not wearing a football jersey.

This loneliness and separation is exacerbated by an assumption that those who act playfully are in denial about the seriousness of trauma and the magnitude of its threat, as this respondent continues, “There’s a desire to be light-hearted in the office and it makes me feel really uncomfortable—like there’s a sense of denial about trauma work”.

### **Honest vs. Dishonest**

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In response to the ever present threat of trauma and the perceived denial of those who do not abide by this discourse, peacebuilders enacting trauma as disease can be further compelled to demonstrate deference in their identity performances. While a worker might feel free to be playful, carefree, and jovial outside work, they enact a controlled and regulated professional self at work. By not having fun, workers enacting the discourse demonstrate themselves as truthful. As another peacebuilder working with families affected by gender violence put it: “My job is to be regulated so that when workers come back to the office, there’s a space of regulation”. According to this discourse, lightheartedness and play in the face of trauma suggests frivolity and a lack of professionalism, while sobriety connotes truthfulness. In addition to constructing the self as whole, healed, healer and the other as broken, diseased, and in need of healing, the discourse of trauma as disease also separates the self as truthful and the Other as in denial. When trauma is construed as real, important and very serious, those who acknowledge the reality of trauma and the gravity of its effects hold themselves to be in integrity while those who enact playful identity performances are construed as dishonest.

In conclusion, when trauma is communicatively constructed as a disease, the primary function of the discourse is to separate people from themselves and isolate them from others. The construction of trauma does this by posing as an ever-present, unavoidable, and pervasive threat to human survival, thriving, and sense making that is carried by those who enact it (e.g. “perpetrators”) and those who carry it (e.g. “victims”) through talk and practices that bring trauma into being through its communicative (re)enactment. In so doing, trauma destroys life and damages the quality of life by tearing individuals and cultural communities apart so that members find it impossible to trust themselves and one another, empathize with one-another and

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go on together. According to the discourse, trauma separates the self into opposing parts that are: (1) Valuable vs. Damaged; (2) Free vs. Indebted; (3) Happy vs. Suffering; (4) Powerful vs. Powerless; (5) Serving vs. Self-Serving; and (6) Compassionate vs. Heartless. Trauma also creates a self and an Other, divided into: (1) Healed vs. Sick; (2) Healer vs. Patient; (3) Isolated vs. Contagious; (4) Careful vs. Carefree; (5) Honest vs. Dishonest.

Having presented the logics and practices of trauma as disease, the first discourse emergent from the data, we will now turn to chapter 5, which proposes the workings of a second discourse of trauma- trauma as test.

## CHAPTER 5

### **Discourse 2: Trauma as Test**

According to this second discourse, trauma is a test. As such it culls the good from the bad by assessing and developing people's ability to respond to difficult events in the present and also prepares them to face even more distressing events in the future, as this same respondent details, "The trauma I experienced in the past is always less than the trauma I am passing through...I have new ways of solving problems because the trauma doesn't repeat itself. It comes in another way and I have to overcome it". By returning again and again, trauma provides an opportunity for people to develop new ways of facing and rising above it. Instead of being constituted as a disease that overcomes them, trauma is a test that helps people to overcome it.

#### **Creates**

The second discourse arising from the data represents trauma as a test. In contrast to the previous discourse in which trauma separates one thing from another, according to this discursive logic, trauma creates one thing from another. Like a treasure in the trash or a phoenix rising from the ashes, trauma operates counter-intuitively, mitigating against the very suffering it causes by conferring resilience in the form of maturity, knowledge, strength, and meaning to those who endure. In this way, the discourse of trauma as a test is one of human progress and potential.

#### **Relationship**

While the discourse of trauma as test stands on its own as a discursive logic, it is also one of a continuum-- practitioners drawing from multiple discourses simultaneously (and more or

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less coherently). Implicit in and explicit to peacebuilder performances of trauma as test, are talk and practices of *resilience* and *resiliency*. Because when trauma is construed as a test it produces resilience, and resilience functions as a kind of *resistance to* but is also *reliant upon* a disease model of trauma, the second discourse operates as a counter-discourse (or “counter-strain”) that counter-acts the logic of the previous discourse.

### **Characteristics**

According to the discourse of trauma as test, trauma is not a disease to be feared, avoided, managed, prevented, or resisted but an essential and important force of human growth. As one peacebuilder enacting this discourse put it, “For me, trauma is bad but necessary for our development”. As the discourse goes, events are not traumatic in and of themselves; rather people perceive experiences as traumatic when they are not prepared to handle them. As this same worker describes, “When trauma comes and you are able to control it, able to orient, it becomes an experience”. According to the discourse, trauma is not only necessary but, when understood as a creative force also highly productive: “There is nothing negative in trauma, all things are positive.”

### **Natural and progressive vs. Unnatural and regressive**

In contrast to the dominant discourse of trauma as taker and separator, trauma as creator constructs trauma as positive rather than negative, instructive rather than destructive, and natural and progressive rather than unnatural and regressive. As one Rwandan peacebuilder who lived and worked in Rwanda during the genocide then fled in its aftermath noted starkly, “Everything in life can become harmful. A table can be good for eating and good for killing people”. As he

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asserts, what most people hold as shocking, unnatural and abhorrent can be construed as normal, natural and even growth producing.

When trauma is constructed as a positive force of creation, peacebuilders are not needed as experts or doctors to heal the wounds of trauma or mitigate against its ongoing destruction. Instead, from this perspective, peacebuilders are needed to help people change their view of trauma, to see it as a kind of treasure in the trash. As this same worker describes, “I shape the person to have a very long list of things which are not fearful. I try to show him what is good in what you think is bad. There is something little but which is a kind of treasure. In the worst situation, there is a treasure”.

### **Types of tests**

According to the discourse of trauma as creator, trauma can be as a test of maturity, understanding, strength and balance, meaning, faith, and dignity. When peacebuilders construe trauma as one of these different types of tests, they simultaneously create a particular kind of self and other in relation to that test.

### **Test of Maturity**

According to peacebuilders performing trauma as creator, one of the things that trauma tests is a person's level of maturity. One respondent, for example, recounted with shock and amazement a conversation he had with a 19 year-old American girl while he was visiting the US. Her parents were millionaires. He remembered her aloud as a very beautiful and provocative young woman, “She does not like to work, she does not like to study. Her father is going to buy her a house”. He continued recounting with a furrow in his brow and a ‘tisk’ in his voice, “Do you know you are a spoiled child? That’s why you don’t want to work, you have everything you



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need without effort”. Even if her father provides everything she ever needed, he insisted, “She will never succeed. Do you know why?” He shook his head, “Because she has never experienced trauma-- she has been protected against all traumatic events and now she is not able to protect herself”.

### **Parent/Child**

When trauma is set up as a test of maturity, the Other is construed as a child and the peacebuilder enacts the role of a parent, “She needs to have a little dose of trauma” this same respondent said in a disciplinary tone. When he asked the girl further about her parents, he discovered that they had divorced when she was 4-yrs old. “Now, here is the difference” he said, “She has experienced trauma, but when? When she was not able to understand, so she has been destroyed”. This peacebuilder had lost forty-two family members in the Rwandan genocide. “It was different”, he noted finding a comparison between his experience and the teen-aged girl’s, “When I experienced the same problem I was 26 years old, I was able to understand and deal with the problem. But, when she was 4-years old, she was not able to deal with the problem”. For workers enacting the discourse of trauma as test of maturity, their job as parent is to construe trauma not as an event to protect the child from experiencing but as an opportunity--even a requirement-- for the maturation of the child into adulthood. As this respondent asserts, “At 19 years old, now it is better that she experience another traumatic event, which can help her to grow up”. In stark contrast to the dominant discourse, which constructs trauma as a disease to be avoided, feared, and managed, this second discourse sets trauma up as a test whose passing provides a path to maturity.

### **Test of Knowledge**

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According to the discourse of trauma as creator, in order for a person to pass the test of maturity, they must possess the appropriate kind and adequate amount of understanding. Trauma, as test of understanding, is such a source. As this same peacebuilder noted, “I have been personally in traumatic event”. Setting up as productive what workers performing the first discourse would construe as the ruthless and senseless destruction of human life, he explained, “But this happened when I was working directly with the cabinet of the president of the republic. I was able to know the policy and the politics and whatever was going on at the office of the president and in the field”. Because his position gave him knowledge about what was going on across the country and that people could be killed, he asserts, “I was not traumatized...Nothing for me came as a surprise, so I could deal with the event”. Because, from this discursive perspective trauma is a test of understanding, this peacebuilder passed the test thanks to his unique understanding of the political landscape at the time of the genocide.

### **Teacher/Student**

When peacebuilders set trauma up as a test of understanding, they enact a self as teacher whose role is to help others interpret trauma as constructive and instructive so that they can learn from it. As another respondent describes, “My value is to make a person consider positively the intervention of trauma in his life. My purpose is to change the view of trauma”. From this perspective, trauma is not a destructive and isolating force to be avoided or managed but an opportunity for positive change. When, for example, a person interprets an event as dangerous or unnatural, the worker’s role is help them view it as normal-- to expect and even welcome trauma. As this worker notes, “Some people have fear of pen, other people have fear of water,

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we don't fear the same things. So, I shape the person to have a very long list of things which are not fearful".

According to the discourse of trauma as test, the role of the peacebuilder is to teach people how a previously fearful or terrifying event "Is as natural as a pen, as paper, as water, as a house because everything in life can become harmful". As this respondent points out, "A table can be good for eating and good for killing people. So, I try to orient the person to another kind of judgment to the traumatic event".

### **Test of Strength**

In addition to testing maturity levels and understanding, trauma from this perspective also tests a person's strength. As this same peacebuilder explains that through understanding and physical strength he was able to avoid traumatization, "I was 26 years old. I could run, I could hide, I could even use a gun. I was able to protect myself and to flee from the danger. So that protected me mentally and psychologically". In contrast to others who were younger and weaker, he was able to pass the test of trauma:

Those who were teenagers, those who couldn't understand what was going on, those who were not able to interpret and critically analyze what was going on with the war, they were mostly traumatized...I was not even a victim of genocide but they still have very severe consequences.

### **Coach/Athlete**

When trauma is constructed as a test of strength, the Other is set up as an athlete and the peacebuilder becomes a coach. As a coach, the peacebuilder's job is to help a person develop the strength necessary to pass the test of trauma. "My purpose at work is to make a person

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stronger. My purpose is to make my client self-sufficient, to be able to solve his own problem”.

According to this discourse, the way for a peacebuilder to build these qualities in the athlete is to guide them through increasingly more challenging courses of trauma. “When I work with a person, I am convinced that the situation they passed through was necessary to make them stronger to face the worst situation, to face a better future”. According to the discourse of trauma as creator, by facing and enduring current trauma, people become stronger and thus more equipped to overcome future trauma. As this worker continues, “I use trauma to show people that... Here, you have not enough weight and here you have more weight...compared to this traumatic event”. By constructing trauma as a test of strength that shows “Exactly what are the weaknesses of the person”, peacebuilders can use it as a tool for good.

### **Test of Meaning**

Finally, according to the discourse of trauma as test, not only can trauma assess and help develop a person’s level of maturity, understanding, and strength, it also acts as a test of faith and meaning. As one American peacebuilder who works explicitly with people who have experienced trauma put it in broad strokes, “Trauma is the existential crisis”. According to this respondent, when people struggle with trauma they are grappling with the meaning of life itself--of the, “ Whole experience of being here. Trauma is the core experience... It’s like asking me to describe how the ocean of life experience has affected me. My answer is, in every way”. As this peacebuilder constructs it, trauma is a central and powerful force of creation that helps us to make sense of our purpose as human beings.

### **Guide/ Follower**

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When trauma is a test of meaning or faith, the peacebuilder performs the identity of a philosophical guide or spiritual teacher. Their role is to help people consider trauma as a matter of great personal, global and/or spiritual import-- with implications for the survival and wellbeing of the self, society, and/or the species. One worker, for example, put it this way, “My value is to make a person consider positively the intervention of trauma in his life. My purpose is to change the view of trauma...at one angle, it is a problem, at another angle it is a solution”.

### **Results of test**

According to those enacting the discourse of trauma as creator, whatever the particular form of test that trauma takes, people that pass through it are changed for the better; whether by becoming more beautiful or more valuable they become able to overcome future tests of trauma.

### **More Beautiful**

While the discursive logic of trauma as creator may seem counter-intuitive as it flies in the face of the dominant discourse of trauma as taker and separator, one respondent reflecting back on years of experience as both a peacebuilder and as a refugee fleeing multiple civil wars, constructed the positive results of trauma without hesitation, “Trauma renews people, it makes people other and better than they were. Who I am today is better compared to who I was in the past”. According to the discourse, trauma makes people better by making them more beautiful: “My personality has been changed by trauma...If I compare trauma as a thorn and my view as a rose, you cannot get a rose if the branch does not have a thorn. For me, trauma has changed the way I handle life”. As the second discourse constructs, trauma is the thorn that makes possible the rose.

### **More valuable**

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In addition to creating beauty from pain and great difficulty, trauma also makes a person better by developing understanding and increasing their tolerance for difference. As this same respondent concludes, “When we met before, I was [my self] in a different way...Today, I am [my self] with added value. My understanding has increased. My point of view is more inclusive. My understanding of things is much wider. Even the way I am solving problems has changed.” Thanks to many encounters with trauma, this peacebuilder insists, “I am better than I was at 30 years old”.

### **Antidote**

According to the discourse of trauma as creator, passing the test of trauma not only makes the self more beautiful and valuable, it also generates a powerful self able to overcome future trauma rather than be overcome by it. A peacebuilder from the DRC who took up arms as a child after experiencing violent conflict both in his country and at home put it this way, “Those who have experienced trauma have experienced a possibility to overcome their problem more than those who have never experienced a trauma”. According to the discourse, trauma is not the problem but the solution to the problem: “The strength I have to succeed, to work hard, not to be discouraged is from trauma. The strength I have is from trauma”. As the discourse frames, trauma is not the barrier to peace and human progress, failure is the problem and trauma is the solution.

How is it that trauma is a source of strength rather than despair? As this worker contends, trauma increases in strength over time not as a malignancy but as an antidote:

The trauma I experienced in the past is always less than the trauma I am passing through.

And always I have new ways of solving problems because the trauma doesn't repeat

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itself. It comes in another way and I have to overcome it in another way. I have new and renewed ways of facing trauma because the trauma is always renewed.

In summary, when trauma is communicatively constructed as a test, the discourse creates one thing from another. It does this by constituting trauma as an agent of human progress that is natural, productive, and progressive rather than erroneous, evil, and destructive. Respondents enacting this discourse construct five types of tests and associated identities: (1) When trauma is defined as a test of maturity, the peacebuilder becomes a parent, and the Other is a child; (2) When trauma is enacted as a test of understanding, the peacebuilder becomes a teacher, and the Other is a student; (3) When trauma is construed as test of strength and balance, the practitioner is a coach, and the Other is an athlete; (4) When trauma is set up as a test of meaning or faith, the workers becomes a guide, and the Other is construed as a follower. Whatever form of test the discourse of trauma takes, those who endure are made better-- more beautiful, more valuable, and more resistant to future trauma.

Having presented the discursive logic and communicative performances and practices constituting and constituted by the second discourse of trauma as test, we will now turn to Chapter 6, which maps the terrain of the third and final discourse, trauma as a puzzle.

## CHAPTER 6

### **Discourse 3: Trauma as Puzzle**

According to the third and final discourse, trauma is communicatively constructed as a puzzle. As a puzzle, the primary function of the discourse is to join people together, particularly those holding contradictory “sides” or discursive (re)enactments of an event and related identities. The coming together of opposing traumatic identity performances often exacerbates tension and aggression by amplifying discursive polarities, yet can also act as a catalyst for transformation.

According to the discourse, resolving trauma does not occur through curing, avoiding, managing, or protecting against the disease as in the first paradigm, nor is trauma transformed through positively rendering and enduring it as a test, as the second discourse asserts. Rather, when peacebuilders communicatively construct trauma as a puzzle it is transformed through the joining of all of its many and diverse pieces. This joining occurs as peacebuilders allow the self to be transformed by trauma, then, in turn, use the self to transform it. Practitioners do this by allowing the self to be moved to the point of surrender or collapse, then enacting a variety of spontaneous identity performances that catalyze the connection of previously disparate and violently divided identity pieces.

#### **Relationship**

While the first discourse of trauma is purely material and the most dominant of the three; and the second discourse of trauma blends the other two, functioning as a counter discourse to



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the first; the third discourse of trauma functions purely symbolically. While it is like the others in that it both stands on its own and acts as one of a discursive continuum, the discourse of trauma as puzzle is unique because it can only be understood discursively, so is the most difficult to talk about and teach. As one peacebuilder illustrates, “You’re afflicted sometimes by your own limitations and by a strong desire to have a magic wand which you never have, by a strong need to develop an empathetic consciousness in relationship but with enough detachment so you can be useful. So in the end, I don’t know....” After struggling to find the right words for the practice, he reflects on the process of explaining itself and the difficulty of teaching it to others:

It’s very challenging to teach this to anybody. It is something that has to be learned experientially to some extent. We can try and enhance individual resilience in the face of such things but for me, as a teacher in this area, the question is what courses and programs can we develop that will enable people to enter into the world of other peoples’ sufferings in ways which can be helpful rather than unhelpful and without themselves becoming incapacitated through secondary traumatization.

### **Common and compelling**

According to this discourse, trauma is a puzzle of human suffering. Because human suffering is a common and compelling construct, the hope of solving the puzzle of trauma brings together people from all walks of life and all parts of the globe. As one peacebuilder reflected, “The desire to minimize suffering is a fairly universal motivation for getting into this work-- becoming a humanitarian worker or development worker or whatever”. In order to solve the puzzle of trauma-- whether at the level of the collective, the individual, or small community-- peacebuilders must find a way to work peacefully so as not to add further to the suffering they

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aim to resolve. As another worker noted, “There is an important set of questions and issues around how do we deal with conflict in a non-violent and non-traumatic way, and how do we create harmonious relationship”. By compelling peacebuilders with disparate discursive logics (e.g. cultures, world views, languages, peacebuilding practices) to come together and work together nonviolently, trauma joins them.

### **Too big to solve alone**

According to this discourse, not only does trauma draw peacebuilders from all over the world through a shared desire to end suffering, it also compels them to work together because the puzzle of human trauma is too big to solve alone. One peacebuilder from New Zealand, for example, who is highly respected economist yet considers himself an economic radical stated that when it comes to deciding what kinds of economic developments work best in a given community or region, “ I’m very much in favor of working with local resources and resisting being sucked into the global economy”, yet insisted that when putting together development packages “unless you’re working very closely with those that provide basic levels of health care and education and sanitation” -- what he considers minimal peace dividends that enable people to believe that they have a possibility of living in reasonably dignified conditions, “It’s hard to talk about dignity and respect for the Other and working across boundaries of difference”. As this respondent points out, according to this discourse, even peacebuilders who would much rather work locally find it impossible to solve the puzzle of human suffering if they cannot find a way to work peacefully and productively with a variety of people across multiple agencies, institutions, and/or governments often operating from a distinctly different logic and purpose from their own.

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### **Complex- every piece necessary**

Finally, when trauma is constructed as a puzzle, it joins people together not only because it is a common and compelling quandary that is so large it cannot be solved alone, but also because the puzzle of trauma is so complex that every piece is important and irreplaceable. As this same respondent asserts, for example, one of the fundamental tasks of working with people who have experienced violent conflict and are operating from a very low bases of economic development is to find ways to instill hopefulness. From an economic perspective, this requires discovering what kinds of economic incentives might help them think more positively, “ In Burundi” he suggests, “It could be just getting women to think of shared work on a shared plot of land. If they’ve been killing each other”, he notes, “It’s very challenging to get them to think about producing crops together. But tilling the soil and chatting and having breaks is all part of connecting and knitting together the fabric that’s been torn by the genocide”. As this respondent illustrates, while resolving trauma requires people to work together across local, regional, and global agencies, institutions, and governments, equally important are the connections made by seemingly “smaller” and commonly overlooked or undervalued pieces of the puzzle occurring everyday on the street, in the market, and in the field. According to the discourse of trauma as puzzle, only when all the pieces are recognized for their particular place and interlaced together can trauma be resolved.

### **Identity- A constitutive resource**

While economic as well as social, political, educational, medical and other health interventions are commonly used by peacebuilders attempting to address the breadth, depth, and complexity of trauma, most peacebuilders operating from the third discourse also point to

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identity as an critical and central piece of the conflict puzzle. One respondent, for example, referring to his work on Sino-Japanese relations construed the role of identity this way, “We are dealing with victims and perpetrators, but two traumatized peoples in different ways”. Recalling how, in the process of dialogue members of the Chinese delegation were focused on medical experimentation while Japanese constituents were fixated on Hiroshima and Nagasaki, he concluded that “Both are operating from positions of woundedness...You can’t do anything on those relations until you start grappling with the central phenomenon of traumatized relationships and spoiled identities”. As the discourse specifies, in order for peacebuilders to succeed they must be able to work with and eventually link together discordant identities. Peacebuilders enacting this discourse do so by using their own identities to construct a self at will. Once they are able to perform a variety of identities strategically, peacebuilders can use the self to join with others in conflict. As one peacebuilder described:

Most of this work hinges on the quality of the individual. You can pull plans and agreements out of hats, but if you’re not grafting with the underlying sources of the problems then a lot of these agreements are just going to founder on the things which divided them in the first place.

### **Identity Performance- strategic yet stylized**

While the identity performance of the peacebuilder is strategic and thus conscious—at least initially until at some point it becomes automatic—according to the discourse, it is important that the performance of the self be, nonetheless, imbued with the particular style or standpoint of its actor. As this same respondent describes:

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What you're offering really is your character with all its diverse flaws and imperfections in the hope that something of your own experience will enable these people to discover a kind of source of reality based optimism, hopefulness and a capacity to think of a future instead of being completely mired in a past.

According to the third discourse, while a peacebuilder's identity is a performance, it is when this performance is enacted in a particular way by being inflected with the particular life experience and unique blend of preferences and perspectives of the peacebuilder enacting it. When this occurs, the strategic identity performance becomes an important discursive resource that joins peacebuilder and other in their effort to resolve suffering.

### **Peacebuilder as Catalyst**

As a peacebuilder's identity performance takes on the unique signature of its actor it begins, ironically, to operate as a catalyst seamlessly connecting to all other pieces of the puzzle as needed. Allowing one's self-construction to be shaped by the Other so as to join with yet remain separate and distinct from is a complex and ongoing relational and constitutive accomplishment. This practice is difficult for practitioners to explain yet requires that they constitute multiple identities simultaneously- a self that is the same as the Other and another that is separate from the Other. As one respondent put it:

It's very challenging to teach this; it has to be learned experientially to some extent...to enter into the world of other peoples' sufferings in ways which can be helpful rather than unhelpful and without becoming incapacitated through secondary traumatization.

This practice of being multiple— performing a self that is the same-as and separate-from the Other— is both central to a peacebuilder's performance as catalyst and also lays the foundation

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for every other identity practices engaged by workers operating from and constituting the third discourse, so is central to the transformation of trauma.

### **A process of being/becoming**

While it is difficult for peacebuilders performing the self as catalyst to explain how they enact this discursive performance and how they have learned to do so, according to the discourse identity—like peace-- is not a static thing or characteristic but a discursive process of being/becoming. As a result, the transformation of trauma is intimately linked to peacebuilders' (and eventually members') ability to embody the process of being/becoming a catalyst. One peacebuilder put it this way, "I do believe that you must stay true to the very reason you chose to be a peace builder", whether the initial inspiration to become a peacebuilder was spurred by a formative experience, one's religious orientation, a parent's or community's influence, a person's value set or something else, "It is a secret place". While the process of becoming a catalyst appears to be a largely implicit, not much talked-about or well-understood identity performance of peacebuilders, respondents of the third discourse tell us that in order to enact the role of catalyst, a person must be able to recall and reconstitute the energy of their initial impulse to become a peacebuilder: "Health is a process of becoming healthy every day. It's not a static notion. Peace is the same, and defining one's identity as a peace builder, the same dynamic process...one should keep [that secret place, and] have a capacity to reproduce the freshness"

### **Identity construction and de-construction**

At the same time that the transformation of self is a process of being or becoming marked by a peacebuilders' ability to re "member" or re-enact the original "self" that was hailed by the discourse, communicatively constituting trauma as a puzzle is also a process of non-becoming.

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According to this same worker, for example, while some pursue a path of professionalization, it is equally important for practitioners to work at the grassroots level, with people in places “where you don’t get recognition”. If peacebuilders are not satisfied working anonymously in environments where their professional identity has no chance of being promoted and developed, they “shouldn’t be doing peace work in the first place”. Thus, according to this paradigm, identity transformation is at once a process of identity construction, re-construction and de-construction or dis-identification. As this same worker argues, “The more peace work you do, the bigger you become” yet “Many peacebuilders get lost” when their audience becomes their peers, “who legalize them rather than the people [they] serve”.

### **Three criteria**

While respondents have difficulty articulating exactly how they learned and perform this practice, except to speak ironically in terms of being big and invisible three characteristics or conditions of identity transformation emerged through the data. This practice of self-transformation takes place: (1) in relationship; (2) through shared experience; and (3) over time.

### **In relationship**

While not easy to learn, the performance of self as catalyst is both an identity performance and a relationship—a relational identity performance-- that is constituted in, through, and by relationship over time. One peacebuilder, for example, described the self as a relational identity performance this way, “In Burundi” he recalled, “I had to shake hands with a guy who had a lot of blood, literally a lot of blood on his hands”. The man to whom he was referring had torched a school and killed 23 children. In addition to the shock of this knowledge,

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this peacebuilder encountered numerous other challenges in his effort to develop a self in relation to this man. First, because the man was a colonel in the Burundian army—a position of important political power and influence-- he was “someone who, under other circumstances I would have turned into a war crimes tribunal”. Second, once he had recognized the political position of this man, the worker had to find a way to then, “Develop a relationship with him that would enable [me] to do the work that had to be done”, specifically the kind of relationship “that would still enable him to know that [I was] not concurring impunity upon him for past transgressions”.

While the previous example of a peacebuilder’s relational performance centered around a person performing the discourse of perpetrator, this practice of self in relation also applies to work with “victims”. As this same respondent thinks aloud, “How do you connect with that person in a way that enables them to know that you’re conscious of the suffering they have endured without finding yourself and themselves trapped in that suffering?” To which he concludes that there is no difference, “Whether you are dealing with traumatized perpetrators or traumatized victims, they’re only different kinds of the same response”.

According to the discourse of trauma as puzzle, however difficult a peacebuilder finds it to enact a self in relation, the aim of the practice are unambiguous, requiring the practitioner to “Develop a working relationship without concurring impunity and which might enable that person to confront something of the enormity of what he has done”. In order to develop this kind of self in relation, the practitioner’s identity must be transformed. In order for this to occur, a worker must construe the Other as an equal regardless of the identity enacted and discourse that hails it (e.g. whether victim or perpetrator). As this peacebuilder explains, “What is the nature of



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the relationship that we're forging as peacebuilders, conflict resolvers or conflict transformers?

You have to conceptualize it as a partnership”.

### **Through shared experience over time**

In order to construct the self as a partnership, the identity of the peacebuilder must be transformed. Before the relational self is constituted in the field, some peacebuilders rehearse with others attempting to do the same. As one respondent put it, “There’s a community of helpers who’ve had some experience of traumatic engagement”, which constitutes a “certain perverse community of humanitarian workers, development workers, conflict and peace workers, and humanitarian actors who have experienced some of the worst of human behavior and how to deal with it”. According to this worker, practitioners often return from the field changed, so must engage other peacebuilders to “grapple with that affect and develop mechanisms to deal with our own experiences of this stuff”.

### **Characteristics**

As the relational self is rehearsed and refined and partnerships of equals are developed inside and outside the ground of practice, “People feel less mired in the past, less mired in the trauma, better able to envision and live a future, less shut down and vengeful, more pro-life and pro-active”. Those are all ways practitioners notice that they and those they work with are engaging in relational performances.

### **Moved**

There are two “steps” by which the self of the peacebuilder is transformed into a relational self, they are: (1) Moved; (2) To the point of Collapse. According to the discourse, once a self-construct has been impacted in a particular way—specifically, it has been moved to

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the point of collapse—the self enacted by a peacebuilder after a traumatic event is different than the identity enacted before. Being moved takes place when the answer to the question “who am I” in relation to an event that would previously warranted a traumatic discursive enactment is no longer found necessary or useful. One peacebuilder highly regarded as an expert in the field of human development described his first of numerous transformative moments at the age of fifteen: “I had many starting points in my life to be a peace builder”, he recalled. “One of those formative moments occurred while I was listening to the story of a woman who had survived Hiroshima” He went on to explain, “ She was still suffering from radiation sickness, but chose not to demonize Americans”. The woman told the small group of students that, “This trauma and suffering is not about we Japanese suffering and the Americans being aggressors...deep inside each of us lies a tremendous undercurrent of human capacity to justify such a massive use of force, and we are all a part of it”. Upon hearing these words, he was “so moved” that he was “brought to tears.”

### **To point of collapse**

According to respondents enacting the third discourse, the transformation of trauma through the transformation of the self becomes possible once a worker’s identity has been moved to the point of collapse. Being moved to collapse does not describe a psychological or emotional experience- though emotions may, and often do play a part- rather, it is primarily a discursive process in which a peacebuilders’ former constructions of self (and other) in relation to trauma become available for communicative re-constitution. Once a person’s self is available for re-constitution it can be transformed. One respondent, for example, recalled an event that had occurred during a peacebuilding and development class he was teaching in South Asia. While

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working on a case study of Talibanization in northwestern parts of Pakistan, he invited three Pakistani students engaged in these very tough areas to co-design and co-facilitate particular sections with him. In the course of giving them instructions about the roles he wanted them to play, he began saying something like, “The reason for this case study is that we can get to the socio-economic roots of this situation so that we can find ways to start transforming it. This is important because human beings in these areas should not live like that...”. Before he could finish his sentence, this practitioner was so moved, he collapsed: “All those visual images of people who were attacked by drones, broken into pieces and eaten by dogs hit me like a flood and I couldn’t continue”.

From this paradigm, collapse is not communicatively constituted as a physiological, emotional, or intellectual state of overwhelm indicative of (re)traumatization. Instead, according to the third discourse while the body may fall, collapse is construed as a purely symbolic and transformative performance in which a previously taken-for-granted logic no longer adequately explains the “truth” of self, Other and the world in relation to trauma. When this occurs, a peacebuilder’s identity gives way to a momentary state of “no self”. In response, a peacebuilder may communicatively re-constitute the former self through habit, enact a new identity, or do neither.

If the peacebuilder communicatively reconstitutes a previous identity through habit or invents a new identity through choice (several of which will be discussed shortly), the logic of that particular discourse will dictate the types of performances, practices, and realities available (as previously detailed). To the extent that a peacebuilder is able to defer the communicative enactment of either a previous or alternate identity and maintain a state of puzzlement—of *don’t*

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*know mind*-- they have transcended the discourse. To the extent that the practitioner is aware that they have choice, they may move across the continuum enacting identities and peacebuilding practices as is useful or satisfying.

Just as the collapse of the communicative construction of the self occurs unexpectedly, it also joins people unexpectedly. In the previous instance, for example, rather than divide the group through anger, hatred, disappointment, or confusion, the collapse brought them together. As this same worker recalled while shaking his head in amusement and surprise, “I was supposed to be the facilitator giving instructions to the participants, but they began looking for tissues and started hugging and consoling me”. After that, “another hugging session began”. The respondent continued in disbelief, “The Pakistanis who were facing horrendous situations on a daily basis came to me”. A few weeks later, after returning home, “they actually wrote a very long letter to me and other people involved in the workshop about how deeply they appreciated the human touch”. As this respondent describes, when the peacebuilder allows their communicative construction of self to be moved to the point of collapse, people are joined.

### **Identity performances of transformation**

Once the self has been moved to the point at which its logic becomes inadequate to hold it in place, identity collapses and the practitioner becomes able to enact a variety of strategic identity performances in response to a given situation. In this state of no self, events may occur but no particular self needs to be re-constituted in relation to those events. This breach in the self “structure”, or habitual discursive re-enactment, signals a *disidentification* with previous self constructions and an ability to use the self strategically in response to the needs of a given

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situation. According to peacebuilders working from this paradigm, these strategic identity performances are powerful in enabling the transformation of trauma.

### **Self as puzzled**

Once a peacebuilder becomes puzzled about who “they are” and is able to maintain that uncertainty rather than construct a “truth” to resolve it, they can choose to enact a variety of transformative identity performances in their work, the first of which is Self as Container—suspending judgment and allowing expression. Once the self is constructed as a container, the remaining five identity performances can be enacted “within” the container, depending upon the situation and needs of group members. The six identity performances of peacebuilders are: (1) Self as Container (2) Self as Mirror to the Other (2) Self as Mirror to the Self; (3) Switching Positions/Identities/Discourses; (4) Holding Two Identities Simultaneously; and finally (5) Standing in for Another.

### **Self as container**

Once the self has been moved to the point of collapse, the first identity performance peacebuilders enact to enable the transformation of trauma is “Self as Container”. Workers enact this identity by constructing a situation with an “inside” and an “outside”. While the outside is construed as dangerous, the inside is set up as safe so that people on the inside can heal. A well-known and highly-respected peacebuilder who worked in Bosnia in the aftermath of the genocide created such a container by bringing together a group of Bosnians and Serbs who had lived and worked side by side for generations before the war. Having convened actors representing both the victim side and perpetrator side of a notoriously violent conflict, she constructed a set of ground rules or guidelines aimed at increasing safety between the two parties. As feedback was

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received from the group, these guidelines were altered. Once this container was established, “Where strong feelings could be expressed, where people wouldn’t feel frightened or threatened” she expanded the container by facilitating deeper and deeper dialogue between these previously warring parties so that, “As both groups came to trust me...they felt safe enough to explore their own very difficult feelings in the context of that group setting.”

The practice of peacebuilder as container joins people on the inside of the container by separating them from the threat of trauma outside the container and protecting them like a fortress. This is done in two ways: through the formation of a shared group identity comprised of “insiders” as opposed to “outsiders”; and through the creation and enactment of ground rules that further constitute and stabilize the new group identity. Ironically, because the “in” group is comprised of “victims” and “perpetrators” (as, in the case, constituted by the international community) the whole of the conflict has been “brought into” the container yet it is simultaneously externalized by the group—relegated to the outside-- the “place” members discursively (re)constitute as dangerous to express contradictory views or strong emotions. As a result, the container is reified and the group identity increasingly stabilized.

According to this practice, once a worker has become firmly established as a container and the boundary between inside and outside and the rules of engagement become well-rehearsed, the original trauma can be “brought back into” the container through its discursive re-constitution with the goal of uncoupling it from its violent re-enactment. In order for this uncoupling to occur and trauma to be transformed within the container, peacebuilders add layers of identity by drawing from the repertoire of five identity performances previously named. It is

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to these discursive enactments, which are variably stitched together by workers in response to the needs of the group, that we will now turn.

### **Self as mirror to the Other**

Once the self has been “established” as container, the second discursive identity practice used by peacebuilders to transform trauma in their work is Self as Mirror. There are two forms of this practice, Self as Mirror to the Other and Self as Mirror to Self. When a peacebuilder acts as a mirror to the Other they foreground a performance of their approximation of the discursive position of the Other while backgrounding yet maintaining the discursive logic of a separate, distinct identity position. Peacebuilders do this either by imagining what it would be like to be in the “shoes of the Other” or by drawing from a previous identity position they have enacted (e.g. he reminds me of myself). While psychological constructs of empathy and attunement get us quite close, Self as Mirror is not principally a physiological, neurological, or emotional process—though physiology, neurology, and emotions may play a part, rather it is a discursive practice that enables a worker to enter the logic of an alternate identity position not only to reflect back to the Other the discourse of self they are performing but also to join with the Other through seeing, hearing, and understanding them.

The practice of self as mirror to the Other joins people together, as workers drawing from this discourse eschew the identity of expert who prescribes a remedy or teacher who’s job it is to positively alter another person’s view. In contrast, peacebuilders enacting the discourse of trauma as joiner align with others by temporarily taking on the identity position of the Other. By “matching [another person’s] feeling state” and “being as close to people as I can get in terms of support and empathy” workers use the self as a mirror to provide an opportunity for the Other,

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“to examine, reflect, explore what has happened to them in order for them to...not be bound by it for the rest of their lives.”

### **Self as mirror to the self**

Once the peacebuilder has become a mirror to the Other, the Other can mirror the self. This practice of mirroring the self enables group members to reflect on their own identity positions and eventually consciously enact multiple identity positions simultaneously. According to peacebuilders operating from this discourse, it is particularly useful when group members are able to reflect on trauma-related identities that have been “cut off”— performances that being enacted unconsciously. For example, the same peacebuilder working with Bosnians and Serbs who had survived the war, for example, insisted that a central part of her work involves mirroring the Other so that group members can mirror the self, “They were all pretty profoundly traumatized” she recounted, “so I talked with them about the various experiences that they had had during the war”. She continued “We dealt with the denial that came from the Serbs living on the perpetrator side who, hearing what was happening to the Bosnian Muslims, found it extremely difficult”. According to this worker, part of her job was to “slowly enable them to internalize what they were hearing, to watch the part of themselves that wanted to reject or deny or push it away. Allow them to explore the dissonance that comes from hearing things that you don’t want to hear because it flies in the face of everything else in your life an your family”. According to this peacebuilder, the way to help them explore and internalize the discursive position of the Other was to watch the part of themselves that didn’t want to see the Other or align with their discursive logic by acting as a mirror to the self so as to reflect on the identity position they were holding. In order to facilitate this, this peacebuilder was able to



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mirror them, to “have the kind of resonance, compassion and empathy that caused them to feel heard. And that mattered to them a great deal”.

These two practices of self as mirror join people from seemingly disparate sides of a conflict by setting up identity as pieces of a puzzle. Joining a person’s identity takes place when one person is able to listen to another person’s [trauma-related] construction of them to the point of self-construction without premature discursive closure. In this way, the listener “sees themselves” as the Other sees them, even—and especially—when that construction is in contrast to the self they have constructed up until that time.

### **Switching discursive identity positions**

The fourth way that peacebuilders use the self to transform trauma is by switching identity positions. When peacebuilders switch discourses of self, they toggle back and forth between two or more discursive logics of trauma, self and other, first enacting one position then enacting the other. Switching identity positions back and forth this way enables them to gain understanding of each position’s discursive logic on its own terms through full immersion, developing embodied insight into multiple discursive paradigms as well as the nature of the relationships between those paradigms. For example, one respondent recalled a conversation he had with a gentleman from East Timor while attending an international peace conference in Belgium. During desert, he asked the man if he had any advise for him as to how he might contribute to peacebuilding in East Timor? The man offered no reply, so he asked again: “I was wondering if you could give me some advice as to how best I can, in a very modest capacity, contribute to peace building in East Timor?” The man remained silent until finally responding in agitation, “You know you are Japanese, right?” Rather than hide from his identity as a Japanese

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American, the peacebuilder embodying his identity position nodded in acknowledgement, to which the Timorese man persisted, “You know, my grandfather was killed by the Japanese air raid during the Second World War.” Although he saw that the man was very angry, the peacebuilder, rather than disassociate from his Japanese identity or shrink in disgrace, first enacted the identity of a Japanese American then switched identities by enacting the discursive position of the East Timorese man as he describes, “In the silence, looking into his eyes I started thinking how many nightmares he had about the Japanese invasion, the night raids by our navy airplanes a long time ago”. Having submersed himself in an alternate identity position, he switched back, “You know what I did? I put the ice cream cone down on the table, there was no plate, but I put it down, looked into his eyes...and sincerely apologized to him for my insensitivity”.

This practice of switching identity positions is a joining discursive practice because it brings together the one who switches and the one they are switching with. As this respondent put it, “Trauma is radical empathy. Radical empathy is the capacity to put yourself in the shoes of people who don’t think like you, who don’t even like you- you may even hate them, really hate them”. Trauma’s ability to join people occupying two (or more) discursive identity positions entrenched in opposition is no small feat, yet according respondents performing the third discourse, switching identity positions is a critical practice in the transformation of trauma because it enables people to, “Get into the views of those whose thinking” is not only different than, but “diametrically opposed to” one’s own.

According to the discourse, one of the reasons switching identity positions is a powerful peacebuilding practice is that it increases practitioners’ embodied understanding of ideological

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logics foreign to or in sharp contrast to their own. Increased tolerance enables peacebuilders to move back and forth between opposing identity positions with greater speed and ease, allowing them to respond quickly in high stress or high stakes situations, “When you see people taking a chair and leaving the room, you see that ah, at least this person is quite authentic. When you see people shouting and screaming, you see that this person cares about the issue so much to be shouting and screaming”.

By toggling between multiple identity positions with greater and greater ease, peacebuilders are able to perform what were previously violently opposing identity enactments as discursive value commitments. Once identities are enacted this way they are no longer construed as matters of good and evil, right and wrong, logical and illogical, and so on. By “Bringing a deeper and bigger self...asking, if I were in their body that is shouting, what is the world I would be seeing?” peacebuilder are able to, “Activate the peace potential and... deactivate the destructive potential” of a given conflict situation.

### **Holding two or more identities simultaneously**

The fifth way that peacebuilders use the self to transform trauma is by holding two or more identity positions simultaneously. By enacting multiple identity performances concurrently, peacebuilders can attend to multiple discursive logics equally while favoring none. This practice of multiple selves enables them to join with the Other yet remain distinct. As the peacebuilder honored for her peace work in Bosnia and elsewhere put it, “The impact of other people’s trauma on the professional self is very important. My training as a therapist has enabled me to separate myself from the people that I’m working with”. Being the same-as yet distinct-from another (e.g. “I am you and not you”) enables a peacebuilder to be with another person in

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their pain, anger, grief, etc. without being the Other and consequently mistake the suffering of and by extension responsibility for the Other as their own.

According to the discourse of trauma as puzzle, performing the self as multiple is-- like the Other identity practices of this discourse-- not easy for peacebuilders to explain or teach yet vital for them to learn, as this worker continues, “It’s very easy, especially for younger practitioners to get tangled up in the lives and traumas of others, and that doesn’t serve them. The whole issue of compassion but also boundaries is a complicated one that takes a long time to learn”. Enacting two or more identity logics simultaneously is an important discursive skill because peacebuilders who develop it are less likely to become traumatized or re-traumatized and more likely to be happy and productive in their work. As this same respondent argued, “I see younger colleagues who don’t have much experience become overly-emotionally involved in the trauma of others, and that makes them less helpful to those others because then they need taking care of themselves...Knowing oneself very well, understanding boundaries well, and knowing that you are not that other person, and that their wound is not your wound is important to emphasize...It needs to be explored and shared as people are in training in this work”.

### **Using one’s discursive identity position to stand in for another**

According to the discourse of trauma as joiner, once a peacebuilder has been moved to the point of collapse and then has enacted the Self as Container, there are a variety of other identity performances they can choose from to transform trauma: Self as Mirror to the Other; Self as Mirror to the Self; Switching Identity Positions; Holding Two Identities Simultaneously; and finally, Standing in for Another.

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When a peacebuilder Stands in for an Other, they enact the identity performance of a person who is either not actually there or who is present but is not able to represent their discursive position. One peacebuilder, for example, who was leading a workshop in Peshawar with about fifteen people from the tribal area on the border between Afghanistan and Pakistan, gave a short speech describing his emerging sense of a peace proposal, which was based upon work he was doing in Pakistan and numerous related dialogues he had done in Washington. Upon completing this speech, he received a standing ovation from those people who live on the side of the drone attacks and also fear the Taliban. There was a woman in the group wearing a hijab, which covered her face so completely that her eyes could only narrowly be seen. After everyone else had left the room, she approached the worker until she was standing so close that he could see tears flowing from her eyes. “You know” he said, “In that society, a woman is not supposed to be with a man so close, so of course I was keeping a good distance out of courtesy”. Yet she stood firm and said, “Your peace proposal is very fresh...but it sounds a bit ambitious. If there’s anything I can do to make it reality, let me know”.

According to the worker, this woman like many others in that room, were the peacemakers. With the Koran in hand, they knock on the doors of Taliban households or find other ways to speak with the wives or sisters of Taliban, risking their lives to convince current or potential radicals to consider peaceful alternatives to conflict, “If they knock on the wrong door, that moment they’ll be beheaded, and there are many examples of that”. This and the knowledge that these members had traveled five to seven hours from the mountainous areas to attend the workshop humbled the facilitator. He looked into the woman’s tearful eyes and, referring to the peace proposal, said firmly, “I will fight for it...continue what you are doing and I will do the

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international work”. While this woman risks her life on a daily basis to transform conflict into peace, she does not have the means or privilege to travel the world, sit and be counted at the table with decision makers, or represent her position before world leaders, yet, this peace builder does.

By using his identity position to stand in for hers, this peacebuilder effectively joins the woman with people across the globe and to whom she would otherwise have little if any contact. As this same practitioner confers, “I can choose to say little, but...I have freedom of speech; I can shout, I can write, I can reach people, I can even go to the West Point Military Academy, I can train the generals.” Noting one of the many ways that peacebuilders enacting the third discourse can use their identity to stand in for the Other, this respondent shows that the opportunities for peacebuilder enactment are limited only by a practitioner’s discursive creativity, “I have the freedom” that many do not, “I have something called a PhD in conflict resolution; it’s unbelievable for them. If you have that, how much more can you do? How much more?”.

In conclusion, according to the third and final discourse, trauma is communicatively constituted as a puzzle of human suffering that joins people together, especially those enacting opposing identity performances. As a puzzle, it is: (1) Common and compelling; (2) Too big to solve alone, and; (3) So complex that every piece of the puzzle is important and irreplaceable. When trauma is constituted as a puzzle, the Other becomes a puzzle piece, and the peacebuilder becomes a catalyst whose identity performance is strategic yet stylized, connecting all the various pieces of the puzzle to resolve trauma. The peacebuilder as catalyst describes a discursive process of becoming in which a practitioner’s identity is both communicatively

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constructed and de-constructed. Workers learn how to enact the role of catalyst: (1) In relationship; (2) Through shared experience, and; (3) Over time. The relationship they develop in catalyzing connection is one of equals but in order for a peacebuilder's identity to be transformed into a catalyst, it must be moved to the point of collapse. Once the worker has collapsed, become puzzled about who they are, and are comfortable in that uncertainty, they can use the self strategically as a: (1) Container; (2) Mirror to the Other; (3) Mirror to the Self; to: (3) Switch discursive identity positions; (4) Hold Multiple identity positions simultaneously, and: (5) Stand in for the Other.

Having reviewed the logics, themes, and practices of the third and final discourse, we will now turn to the concluding chapter which will present a summary of the study, an interpretation of the findings, consider limitations, and make recommendations for future research.

## CHAPTER 7

### Conclusion

Peacebuilding is very difficult work to do. It places extreme and unusual demands upon workers who must often respond quickly and delicately in the face of profound human suffering. While many work with dignity and compassion in the face of unspeakable evil, peacebuilders often endure sickness, disease, separation, isolation, and countless other threats to their personal safety and well-being for the sake of those they serve. Working so closely with and for others who have experienced trauma is believed to increase likelihood of contracting PTSD or Vicarious Traumatization, inhibiting the optional functioning of even the most highly trained, highly experienced, and highly dedicated workers. Documentation of this disruption may, in addition, discourage potential candidates from entering the field-- adding to the lack of available peacebuilder workforce in the face of ever-increasing global demand.

According to extant research, PTSD and VT generate broad and deep impacts powerfully influencing the way people make sense of others, themselves, and the relationship between the two. If, as these scholars claim, trauma signals an “inescapable stressful event that overwhelms people’s existing coping mechanisms” (van der Kolk, 1996, p. 276), and such overwhelm alters “enduring patterns of perceiving, relating to, and thinking about the environment and oneself” (DSM-IV-TR, 2000, p. 686), then studying how workers communicatively construct trauma may help us understand significant dimensions of their identity work. Specifically, although we define trauma as profoundly destructive, disorienting, and disorganizing, trauma workers manage



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to continue working productively in their fields, creating and re-creating dynamic identities that enable them to make sense of seeming senselessness.

This study maintains that examining *how* workers' constructions of trauma shape their constructions of self, and to what end is important because while it has been argued that trauma shapes identity in profound, complex, and increasingly contested ways, research, theory and everyday thinking about this process have tended to draw primarily from one of numerous possible discourses, leaving much to be understood. While we continue to develop research investigating trauma and its effects on workers from a neurophysiological perspective, little practical constructionist theory and research has been done. This study employs a discursive approach to the study of trauma and identity, and the impact of these concepts on peacebuilder best-practices. The hope is to better understand how peacebuilders communicatively construct trauma, how those constructions shape identity and what, if any, is the impact of these identity performances on workers.

In order to better understand how discursive constructions of trauma shape the professional identities of peacebuilders, and with what effect on peacebuilder performance, this research asked the question "How do peacebuilders' discursive constructions of trauma shape their related constructions of identity, and to what ends?"

In order to develop research sensitive to issues important to peacebuilders and peacebuilding practice, I conducted a pilot study. I developed a preliminary research guide for the pilot study, which became the basis of my primary research guide through collection, transcription, and coding of preliminary interviews for sensitizing concepts. I collected 20 in-depth, semi-structured and open-ended interviews lasting an average of 60-90 minutes while

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enacting the role of resident and participant-observer of a three-week training in conflict transformation called CONTACT (Conflict Transformation Across Cultures). Participants were 40-60 self-identified peacebuilders from over 20 countries who were accepted through application to attend the summer peacebuilding program in Brattleboro, Vermont, U.S.A. In addition to interviews, I also solicited contextual information to develop a sensitivity to emergent concepts and patterns.

Once sensitizing concepts emerged from preliminary data, they became the basis of my primary research guide, which I used to collect a second round of 15 in-depth, semi-structured and open-ended interviews. Interviews were solicited from the same group of CONTACT participants and other members of the CONTACT listserve that responded to an email asking for research participants. This second round of interviews took place via Skype, and ended once saturation had been reached. These interviews also lasted 60-90 minutes. I transcribed, coded, and analyzed both rounds of interviews using a grounded theory approach.

I used an inductive approach to data coding by looking for and isolating examples of peacebuilder constructions of trauma and trauma related identities. Once I came to an example, I created a term or phrase that best captured what I was seeing and wrote it in the margin of the excerpt. Once all the data was coded, I drew from my knowledge as a participant observer and cultural insider of the group to sort the codes into categories until saturation was reached and sufficient support had emerged. Once the data was categorized, I looked for as many relationships between the categories as I could find until an explanatory schema emerged, then I developed terms for each concept and relationship between the concepts that reflected my new insights and observations.

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### **Interpretation of Findings**

In the process of coding and analyzing the data, I discovered that peacebuilders' communicative constructions of trauma and trauma-related identities form a continuum of responses. These responses create and are created by three primary discourses of trauma and related entailments: (1) Trauma as disease, Other as diseased, and peacebuilder as doctor; (2) Trauma as test, Other as student, and peacebuilder as teacher; (3) Trauma as puzzle, Other as puzzle piece, peacebuilder as catalyst. According to the first discourse, when trauma is communicatively constructed as a disease, exposure to trauma is highly likely to result in illness, unless a person possesses some kind of resistance or resilience. The relationship between exposure and illness is causal and thus largely unmediated, automatic, and unavoidable. From this paradigm, trauma is an agent of contagion that takes on a life of its own and is able to perpetuate itself through material and physiological processes of cause and effect. In this way, trauma can be communicatively proliferated in the absence of the original event or encounter. According to this discourse, trauma is the primary agent and people who have been exposed to it become "victims" who are communicatively rendered separate from their original health, wellbeing and functioning.

When trauma operates as a disease and the Other is set up as a victim, peacebuilders are communicatively constituted as doctors. Their role is to observe the symptoms of trauma and discover the "truth" or "nature" of the particular malady they are addressing, depending on the particular purview of the peacebuilder, this may include assessment and diagnosis of PTSD or Vicarious Trauma. From there practitioners design interventions that isolate the disease and

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diseased, and bring about healing. If healing is not possible, the peacebuilder's job is to manage symptoms, alleviate suffering, and mitigate against the spread of future infection.

According to the second discourse, trauma is a test, the Other is a student, and the peacebuilder is a teacher. Depending upon the type of test communicatively constituted, the function of trauma is to assess and develop various qualities of its students. This ability of trauma to create capacity is unleashed by its interpretation as a kind of treasure in the trash, which leads to a kind of submission to the discourse of trauma as test. When this occurs, agency is shared-- trauma has the power to create change and people have the power to render trauma productive or problematic. When trauma is communicatively construed as an opportunity, its students can learn and grow from it; when trauma is set up as a problem, human suffering prevails.

In contrast to the causal logic of the first discourse, the logic of the second discourse of trauma is interpretive. When trauma is constituted as a test, the Other becomes a student and the peacebuilder becomes a teacher. When peacebuilders enact the identity of teacher, their task is to assist students in rendering trauma as a test-- whether of strength, faith, or development, for example-- and passing the test, whatever form it is given. Once students pass a particular test of trauma they grow in strength, beauty, and wisdom and graduate to more challenging tests of adversity.

Finally, according to the third discourse, trauma is a puzzle. In contrast to the first discourse that holds trauma as an objective material disease to be discovered and healed, managed or mitigated against; and the second discourse, which frames trauma as a test to be accurately interpreted and overcome, the final discourse of trauma communicatively constructs it

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as an enigma to be solved. When trauma is set up as a puzzle, the Other becomes a puzzle piece, and the peacebuilder becomes a catalyst. From this paradigm, trauma is a discursive invention resolved only through its transformation. The transformation of trauma occurs when people enacting disparate and oppositional identity positions are joined. The role of the peacebuilder, according to this discourse, is to catalyze that connection through the transformation and subsequent use of their own identity. Transformation occurs when a peacebuilder's identity is moved to the point of collapse. Once this happens, peacebuilders can use the self spontaneously and strategically, inventing and re-inventing a variety of identity performances according to the needs of the moment. By engaging these identity practices, peacebuilders performing the third discourse catalyze the joining of other, often violently opposed identities. And, in doing so, solve or resolve the puzzle of trauma.

From a discursive view of trauma, self, Other, and practice a peacebuilder will continue any given set of relational practices until a more useful or more satisfying set of practices becomes available to them. By seeing trauma as an idea and changing the meaning one makes of it, a peacebuilder changes the set of interventions deemed possible or effective. The key to discursive change is realizing that trauma is an idea, that each paradigm infuses that idea with a particular meaning, and that practitioners can choose to move across the continuum from one discursive logic to another. Once a practitioner realizes that they can move across the spectrum—though it may take time and practice— they are free to invent “better”, more useful, and more satisfying peacebuilding practices.

Practically speaking, this means that peacebuilders who want to avoid trauma, posttraumatic stress disorder, and/or "burnout" can and should use the tools of their trade—

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words, stories and their enactment--to participate in alternate discourses. For example, when a worker participates in a discourse in which trauma is seen as a disease and the next possible or necessary steps to respond are not available within that discourse (there is no available course of action to respond to the trauma as the discourse requires-- to treat, medicate, alleviate pain, and/or cure), she faces the prospect of intellectual and emotional exhaustion or overwhelm because the discourse being used can only lead to frustration (i.e. a non-existent cure, as defined by the discourse). As a result, the discourse will lead this peace builder first to agitation and frustration and then to exhaustion, which can only result in eventual burnout and/or trauma. As meaning-making creatures, we cannot keep acting like everything is okay while, at the same time, telling ourselves that everything is not ok. One discourse must change.

The alternative for peacebuilders is not to ignore a given trauma, which is neither possible nor ethical, but rather to re-imagine or reposition trauma within a discourse that has "next steps" that can be taken. By doing so, workers can experience themselves as valuable, productive citizens able to provide a continuity of care for others and for themselves.

This research differs from existing scholarship, benefits the field of communication, and extends communication scholarship in a number of ways. First, in contrast to the dominant view of trauma and trauma-related identity, which assume them to be objective, material--neurological, physiological, and psychological--phenomena, this research frames and investigates trauma and identity related to trauma as communicative and discursive constructions.

Second, while materialist research, theory, and practice concerned with trauma and trauma-related identity is well-developed, and identity theory has and continues to be a rich and

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lively area of communication studies (Alvesson & Willmott, 2002; Barad, 2003; Butler, 1993; Cheney & Ashcraft, 2007; Holmer Nadesan & Trethewey, 2000; Hodgson, 2005; Kuhn, 2006; Kuhn, & Nelson, 2002; McKinlay, 2010; Tracy & Trethewey, 2005), little practical theory and research concerning trauma and identity derives from communicative and discursive perspectives. This study re-dresses that imbalance and proposes a set of best practices for peacebuilders that contributes to the literature on trauma, VT, burnout, “resilience”, and organizational/professional identity related to these phenomena.

Third, existing scholarship and every-day ways of talking about trauma and trauma-related identity are predominantly grounded in a materialist/positivist paradigm (Levine, 1997; Ogden & Minton, 2000; Porges, 1995; van der Kolk, 1996, 2003; van der Kolk & van der Hart, 1989; van der Hart, Nijenhuis & Steele, 2006). While post-positivist and post-structuralist scholars generally recognize and sometimes define themselves in contrast to the dominant view of trauma, positivist scholars recognize constructionist and discursive paradigms comparatively less, and there is rarely scholarship that brings all three together in dialogue. This research investigates trauma and identity from all three perspectives, and proposes a framework that puts them in dialogue with one another. In so doing, it de-centers the dominant discourse of trauma as material, positioning it in relation to communicative and discursive perspectives as one on/of a multi-paradigmatic, multi-discursive, inter-disciplinary continuum.

Fourth, in addition to proposing a continuum model of trauma and trauma-related identity that brings into dialogue the three major ontological/epistemological perspectives of these phenomena, this research also benefits the field of communication through its assertion that the dominant material discourse of trauma does not operate like a wound, as is commonly described,

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but instead functions like a disease. As a disease, trauma effectively splits a peacebuilder into two—a self they enact that is diseased, damaged, indebted, suffering, powerless, and self-serving and a part they are separated from that is healthy, valuable, free, happy, powerful, and compassionate. The discourse of trauma as disease also constructs a peacebuilder that is separate and distinct from Others as an expert who is healed from disease yet must be vigilant to work within the sterile confines of safety—boundaries which isolate them from others. By separating a peacebuilder from “themselves” and from others, this discourse may contribute to the development and propagation of PTSD, VT, and burnout for those who enact it.

Finally, in addition to clarifying and demystifying the dominant material discourse of trauma as disease, this study also proposes a third *Symbolic* discourse of trauma as idea infused with meaning. While all three discourses are presented theoretically as well as practically, a presentation of the logics and practice of the symbolic discourse is particularly important because many peacebuilders operating from this discourse are recognized by their peers as master peacebuilders, yet most express difficulty in teaching their methods to others. Moreover, scholars working from a symbolic frame also tend to focus on theory over practice. In framing these practices communicatively and discursively, this study offers scholars and practitioners within and outside the field of communication a theoretical and practical perspective on trauma, identity, and peacebuilding that may inspire interdisciplinary and cross-disciplinary understanding, teaching, research, and practice.

This research helps us better understand individual practice in two important ways. First, it shows how peacebuilding interventions—whatever they may be-- arise from the workings of three overarching paradigms of peacebuilder practice- material, mixed, and/or symbolic. When



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peacebuilders hold trauma as disease, the Other as diseased, and the self as healer, they subject themselves to a material discourse of trauma. Because trauma, according to this discourse, is an ever-present and highly infectious threat, it is rendered powerful and those it strikes powerless. The discourse will legitimate materialist interventions as right, true, and good, and de-legitimize those that do not emphasize the treatment, management or curing of the disease or mitigation of its spread.

Because, from this perspective, trauma is communicatively constructed as a real material agent of pathology and people are set up as possessing fundamental or essential characteristics, people exposed to trauma are assumed altered in its wake. According to the discourse, victims of trauma need care yet are carriers of disease. As such, they simultaneously require help yet pose a threat to the wellbeing and survival of others, including peacebuilders, other responders, and society as a whole. For peacebuilders operating from this discourse, a desire to help and fear of contagion thread through every practice.

According to the discourse, if trauma does not result in death, victims whose defenses have been overwhelmed to the point of disease and contagion need the expertise of peacebuilders to provide cure, manage symptoms, alleviate suffering, or at the least mitigate against the spread of further infection and contagion. While peacebuilders tend to the needs of the sick, the discourse requires they do so in a self-protective manner. Responding to twin impulses of generosity and self-protection, expansion and contraction, connection and fear of contagion can bind workers in a tension between the seemingly disparate needs and well-being of self and Other, inspiring practices of tremendous care entwined with fear and detachment employed behind a mask of professionalism.

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When peacebuilders define trauma as a test, other as a student, and self as a teacher, they operate from a mixed paradigm. When they communicatively construct trauma as a test, it functions to assess and develop people's capacity to overcome future trauma through exposure to greater and greater degrees and different kinds of trauma. In this way, trauma functions discursively not as a disease, dysfunction or tragedy but as an opportunity for human development and improvement. According to this discourse, in order for trauma to become a tool of human progress, students must constitute it as such. If, instead, people interpret trauma as an obstacle to human happiness and well-being it becomes exactly that-- the bearer of profound human loss, suffering, and pain.

According to the second discourse, the charge of the peacebuilder is to teach students to recognize the more optimal interpretation of trauma as opportunity and not problem, whatever form of opportunity it takes, thereby rendering it so. In this way, students are able to mitigate against meaningless suffering while pursuing a path of strength, maturity, understanding, meaning, faith, and dignity through suffering. Trauma becomes a means to an end, rather than an end-in-and-of itself void of hope.

Finally, when peacebuilders communicatively construct trauma as a puzzle, the Other as a puzzle piece, and the self as a catalyst, they enact and so subscribe to a symbolic perspective. When trauma is constituted as operating like a puzzle of human suffering, it compels oppositional identities to join together to solve it, and in so doing to transform it. From this paradigm, trauma is compelling because it is common to all people, too big to solve alone, and so complex that every piece of the puzzle is important and irreplaceable. When trauma is set up as a puzzle and people operate as puzzle pieces, the role of the peacebuilder is to act as a catalyst

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enabling the connection of otherwise disparate or oppositional identities through the transformation of their own identity.

While this process may seem abstract or esoteric, the fundamental practice of peacebuilders involves allowing their construction of self to be moved to the point of collapse. Being moved in this way can occur at any moment and in any interaction in which a peacebuilder allows—consciously or not—the subject position of the Other to agitate sufficiently the fundamental logic of their own subject position. Once a peacebuilder's identity has been penetrated by the Other so that their habitual assertions of reality-- self, other and the myriad of other discursive entailments related to trauma—are called into question as real or true, the peacebuilder enters a discursive space analogous to what some ancient traditions call *don't know mind*. When peacebuilders sustain a communicative posture of puzzlement—of “I don't know” (the truth of this or that)-- the logic of the subject position de-stabilizes to the point of collapse.

Once such a collapse has occurred, peacebuilders enacting the third discourse are able to facilitate the transformation of trauma by inventing a number of spontaneous relational identity performances that catalyze the union of oppositional identity discourses, such as: Self as Container; Self as Mirror to the Other; Self as Mirror to the Self; Switching Subject Positions; Holding Two Positions Simultaneously; and finally Standing in for the Other.

From a discursive perspective, when practitioners understand that peacebuilding practices arise as logical entailments of paradigms and related discourses of trauma described above, they can see how aims to mitigate against PTSD, vicarious trauma, and burnout, for example, subject them to and reify the logics of a materialist discourse of trauma as a disease. Similarly, when

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practitioners aim to increase resilience or resiliency, they submit to and so reify the logics of a mixed discourse of trauma. In short, whether a person construes trauma as a disease, a test, or a puzzle, each of these are discourses—ways of telling stories that put them into a particular kind of relationship with things-- a self, an other, and a world.

In addition to showing how peacebuilding interventions arise from discursive logics, this research also contributes to individual practice by proposing how peacebuilders may construct alternate realities from which to practice. While, on the surface, each paradigm appears unique, when taken as a whole they operate as different lenses fixed on the same idea. As a lens, each constructs a world--making truth claims, creating communicative interactions, constructing identities, and conferring value, purpose, and meaning to those identities by infusing that idea with meaning. This research proposes that the most liberating, useful, satisfying, generative, or “best” peacebuilder practices are rooted in such a view of trauma as a discourse. By holding a discursive view, practitioner become agents of change, regardless of the discourse they choose to enact.

From a discursive view of trauma, self, Other, and practice, a peacebuilder will continue any given set of relational practices until a more useful or more satisfying set of practices becomes available to them. By seeing trauma as an idea, and changing the meaning one makes of it, a peacebuilder changes the set of interventions deemed possible or effective. The key to discursive change is realizing that trauma is an idea, that each paradigm infuses that idea with a particular meaning, and that practitioners can choose to move across the continuum from one discursive logic to another. Once a practitioner realizes that they can move across the spectrum-

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though it may take time and practice- they are free to invent “better”, more useful, and more satisfying peacebuilding practices.

### **Limitations**

There are several key limitations to this study, including two associated with the data. One limitation was in the small sample size used to develop my theory. While I reached saturation on the categories that emerged from the data and the relationships I developed between those categories, if my sample size were larger other categories, relationships and discourses may have emerged. Because I conducted a preliminary study to develop sensitizing concepts and take advantage of an opportunity to engage an interesting and relevant research site, then conducted my primary study, time to gather more data became limited.

Another limitation associated with the data involves the limited population. Since I interviewed self-proclaimed peacebuilders to the exclusion of other types of practitioners engaged in trauma-related work, my conclusions may be more limited than they would be had I expanded the scope of participants to include non-peacebuilding practitioners. A third limitation of this study was the fact that many of my respondents were indigenous peacebuilders from around the globe who spoke English as a Second language. Even though all non-native English speakers passed the TOEFL requirements set by CONTACT (the research site), my interview guide asked questions were subtle in meaning and required a high level of English literacy.

### **Suggestions for Future Research**

The results of this study have several implications for future research. First, because communicative constructions of trauma and trauma-related practices are processes of potential relevance to a broad range of audiences including interdisciplinary and cross-disciplinary

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scholars, practitioners, and even lay people, future research examining these processes should expand their selection of participants beyond the peacebuilding community. Additional participants could include anyone dealing with conflict, such as teachers, parents, organizational members, therapists, police, prison workers, and so on.

Second, because communicative constructions of trauma, identity, and related practices are likely to change over time and in response to a myriad of variables, future research would do well to take a longitudinal approach rather than conducting one or two in-depth interviews with each participant as this study did. In this way, we might get a better view into whether this particular set of peacebuilders or any other community communicatively constitute the same or different discourse over time? And, if different discourses are performed, which ones, why, and to what effect?

Third, future research could study indigenous peacebuilders' communicative constructions of trauma in a given conflict zone or region or comparing the constructions of peacebuilders across cultures, regions, conflicts, professional trainings, and so on, using a translator to capture the subtleties of meaning that may not have been missed in this study.

Finally, future research would do well to apply the communication-based discursive continuum proposed in this study as a training, teaching or consulting model and examine the effects of that training on peacebuilders, teachers, parents, organizational members, community members who are self-identified “victims” or “perpetrators”, therapists, police, prison workers, or other communities of practice surrounding trauma.

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### **Appendix A:**

#### **Attachment 1: Preliminary Interview Guide**

Initial Statement: This interview focuses on participants' communication relative to their work and experience as Peacebuilders in and outside this training.

The interview will last approximately 60-90 minutes, depending on how much time you'd like to discuss.

I appreciate your participation in this interview. Please remember that all questions are voluntary. You can refuse to answer any question, or stop at any time.

Do you have any questions?

1. How do you identify yourself (e.g. as a peacebuilder, conflict mediator, other)?
2. What led to your interest in this work?
3. What led to your interest in this training?
4. Who if anyone influenced your decision to become involved in this work?
5. What if any events/circumstances influenced your decision to become involved in this work?
6. What is the most challenging part of your work (what makes a bad day)?
7. What is the most rewarding part of your work (what makes a good day)?
8. What gets you through a bad day?
9. What contribution do you hope to make?
10. How do/will you know when your work is successful?
11. What do you hope those you work with will say about your impact on them, their community?
12. Who in your life really understands what you do/your desire to do this work?
13. What have you hoped to get out of this training?
14. What is the most important thing you've gotten out of the training experience so far?

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15. How do you imagine you will use what you have learned here?

APPENDIX B:

### **Attachment 2: Interview Guide**

Initial Statement: This follow-up interview focuses on Peacebuilders' constructions of trauma, how those constructions shape their constructions of identity in their work, and to what effect (helpfully/unhelpfully)

The interview will last approximately 60-90 minutes, depending on how much time you'd like to discuss.

I appreciate your participation in this interview. Please remember that all questions are voluntary. You can refuse to answer any question, or stop at any time.

Do you have any questions?

1. How do you define trauma/what is trauma to you?
2. How has trauma shaped your choice of work?
3. How does trauma contribute to/inhibit your sense of self at work?
4. How does trauma contribute to /inhibit your sense of value at work?
5. How does trauma contribute to /inhibit your sense of belonging at work?
6. How does trauma contribute to /inhibit your sense of purpose/meaning at work?
7. How does trauma contribute to /inhibit your interactions with colleagues at work?
8. How does trauma contribute to /inhibit your interactions with managers at work?